



Rural Health Network of Monroe County, Florida, Inc.  
P.O. Box 500370  
Marathon, Florida 33050-0370  
*Funded in part by the Florida Department of Health*

April 19, 2011

Received from Rural Health Network of Monroe County Florida, Inc:

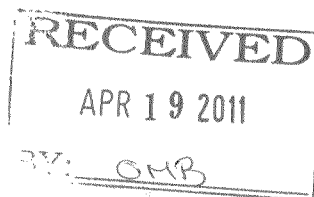
One original and five copies of FY 2012 HSAB application for \$80,000 request  
&

One original and five copies of FY 2012 HSAB application for \$ 273,600 request  
&

As agreed one set of back-up Rural Health Documents (items G-R) to be used with the two  
above mentioned HSAB applications.

Received by:

*Alice Stayer 4/19/11*



\_\_\_\_\_  
Lisa Tennyson  
Monroe County Grants Administration Office  
100 Simonton Street  
Second Floor, Room 2-213  
Key West, FL 33040

Hand delivered by:

*[Signature]*

Daniel Smith, CEO  
Rural Health Network of Monroe County FL, Inc

Administration	27225-27229 Overseas Hwy., Summerland, FL 33042	305-517-6613	fax 305-517-6617
Dental Clinic	91555 Overseas Highway, Suite 1, Tavernier, FL 33070	305-735-4218	fax 305-735-4222
Dental Clinic	2901, Ste. 2 Overseas Hwy., Marathon, FL 33050	305-289-8915	fax 305-289-8920
Dental Clinic	1010 Kennedy Drive, Suite 307, Key West, FL 33040	305-292-6422	fax 305-292-6477

A 501(c)3 not-for-profit corporation

FEIN 65-0474953

[www.rhnmcc.org](http://www.rhnmcc.org)

**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
Application for Funding  
Fiscal Year 2012  
October 1, 2011 – September 30, 2012**

Agency Name	Rural Health Network of Monroe County Florida, Inc.
Physical Address *	27225 Overseas Highway, Ramrod Key, FL 33042 * see below for additional addresses
Mailing Address	P.O. Box 500370
City, State, Zip	Marathon, FL 33050-0370
Phone	305-517-6613
Fax	305-517-6617
Email	<a href="mailto:dsmith@rhnmc.org">dsmith@rhnmc.org</a>
Who should we contact with questions about this application?	Daniel E. Smith, President & Chief Executive Officer

Amount received for prior fiscal year ending 09/30/10	\$ 60,000.00
Amount received for current fiscal year ending 09/30/11	\$ 60,000.00
Amount requested for upcoming fiscal year ending 09/30/12	\$ 80,000.00

\* 1010 Kennedy Drive, Suite 307  
Key West, Florida 33040

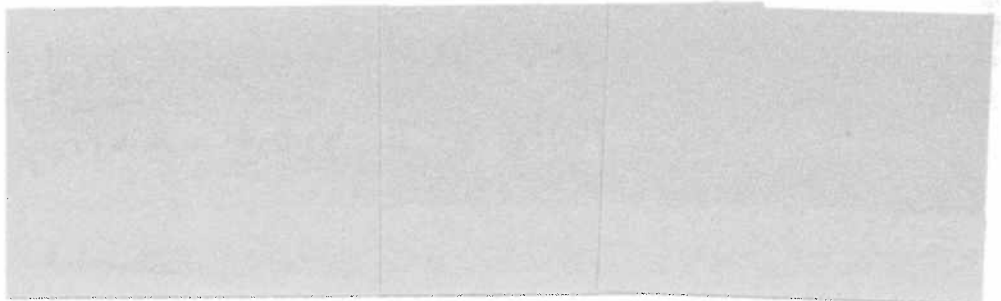
\* 2901 Overseas Hwy., Suites 1 & 2  
Marathon, Florida 33050

\* 91555 Overseas Hwy., Suite 1  
Tavernier, Florida 33070

**Other Locations Pending Contract Approvals**

MOA with LKMC for  
\* DePoo Hospital Primary Care Clinic  
1200 Kennedy Drive  
Suite 208 (plus many additional suites)  
Key West, FL 33040

)



## CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director:

Signature

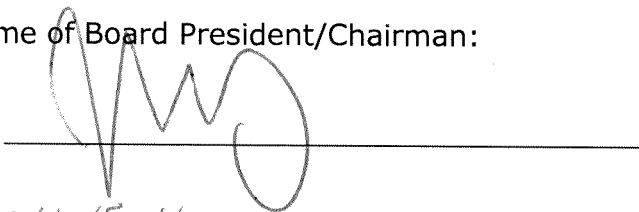


Date:

April 13, 2011

Typed Name of Board President/Chairman:

Signature



Date:

04-15-11

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

*Rural Health Network's (RHN) mission is "To improve the quality of and access to affordable health care for all Monroe County (FL) residents".*

2. List the services your agency provides.

**Primary Care:**

*A) Medical Services:*

*Limited over the past year; such services as (but not limited to); blood testing, employment, school & camp physicals, routine physicals, well woman exams, pap smears, ear, nose & throat exams, asthma / respiratory treatments, diabetes & hypertension management, HIV testing, pregnancy testing, and family planning. Also treatments for the following conditions; rashes, urinary & gynecological infections, std's, herpes, warts, fever management, pain management, cuts, wounds, lacerations, sutures/staple removal, sprains, scrapes, minor fractures, flu symptoms, vomiting, diarrhea, allergies, headaches, migraines, minor surgeries, removal of moles & skin tags, pink eye, respiratory infections, pneumonia, and medical prescriptions. In addition, Rural Health Network maintains a successful prescription assistance program (PAP). It is available to those who qualify and is coordinated by our case management team.*

*B) Dental Services at three county-wide RHN administered clinics:*

*Screening, exams, x-rays, cleaning, deep cleanings, teeth whitening, Invisalign ® straightening, fillings, regular and surgical extractions, dental sealants, root canals, dentures (full & partial), crowns, fixed prosthodontics, infection control, pain management and limited emergency care. By Florida law, the Florida licensed dentist(s) at each clinic maintain clinic control of their respective work environments (the clinics); therefore services are dependent on the dentist and their specific qualifications.*

*C) Outreach Services:*

*RHN provides medical and dental services, via contract and specific contract funding, to the Department of Juvenile Justice in Monroe County.*

*RHN also provides and outreach dental assessment and sealant program, partnering with the Monroe County School District & the Monroe County Health Department, via a grant from the federal government. (Matching funds required)*

3. What services will be funded by this request?

*RHN will use all allocations from this HSAB grant for Oral Health Care services for children throughout the entire Florida Keys. Specifically to support our children's program of healthy smiles, by providing dental assessments & sealants and oral care for our school aged children.*

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes ☐ No ☒

If yes, please circle the new category for which you would like to be considered:

Medical

Core Services

Quality of Life



If you have not been previously funded, please circle the funding category that you believe best matches your services:    Medical                      Core Services                      Quality of Life

5. Will County HSAB funds be used as match for a grant?

*Yes. The funding grant does expect a match and there is an expectation of strong local support.*

6. If you answered "yes" to number four five, please specify the:

a. grant award title, granting agency, and purpose:

*Healthy Smiles Oral Health Consortium, Health Resource Service Administration (HRSA).*

*Rural Health Network has a working grant with the Department of Health and Human Services (HHS), Health Resource Service Administration (HRSA) from their latest Outreach Grant cycle. The funding does require and expects a match and there is an expectation of strong local support. The Monroe County School Board and the health department have signed Memorandums of Agreement with Rural Health Network for this project. The project entails dental assessments & sealants for school aged children, education for the children and their families, finding dental homes for the children and their families and finally addressing the "Medicaid" reimbursement issue as a community and a State.*

b. grant amount: \$ 375,000 total (over a three year period, **this upcoming funding year, year three = \$ 100,000**); year 1= \$ 150K, year 2= \$ 125K, & year 3= \$ 100K

c. match percentage requirement and amount:

*Total project is \$ 641,118. The project amount minus the grant amount leaves a balance of \$ 266,118. That amount, minus contributions through-out the project (e.g.; the Henry Schein/Colgate), leave a support balance needed of \$130,000.*

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent.

*The funding was spent to supplement our federal grant & provide assessments and dental sealants to the Monroe School children in the second and seventh grade levels. During the first two years of the program, calculated by the SEALS: Sealant Efficiency Assessment for Locals and States, An evaluation and benchmarking tool for administrators of community sealant programs (from the CDC) RHN sealed a total of 1,127 children (community outreach at the schools), with 4,389 teeth sealed, and for the two years combined, a potential savings of \$1,188,836 dollars in oral care was achieved.*

*The above stated savings are based in monetary terms; however some things can't be measured directly. We have provided a mental and emotional level of support to the children through-out our school system, by helping educate them in keeping and saving their "healthy smiles".*

b. how they were used to leverage additional funding.

*Total project cost is \$ 641,118. The project amount minus the HHS-HRSA grant amount leaves a balance of \$ 266,118. That amount, contributions through-out the project (e.g.; the Henry Schein/Colgate), leaves a support balance needed of approximately \$ 130,000. Leverage came from applying for the HHS-HRSA grant with the anticipation of Monroe County HSAB funds, SAFF funds, City of Marathon funds, in-kind donations (Henry Schein/Colgate, Patterson Dental,*

*Etc.) and contributions and donations from foundations and other charitable organizations and individuals.*

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."

*No.*

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."

*Rural Health Network of Monroe was awarded a grant from the Health Foundation of South Florida, and beginning on May 20<sup>th</sup>, 2009. Rural Health was the lead agency, partnering with Womankind, Inc., to provide cancer screening exams (breast, cervical and colorectal) throughout Monroe County. That award (2009-2010) was \$ 50,000, with some of the past fiscal year's funding going to that organization.*

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

*Rural Health is/was a part of the county line item budget, supporting administration, oral health clinic care and primary care countywide. This year that process has been merged into the HSAB, currently with two applications.*

11. What needs or problems in this community does your agency address?

*RHN addresses the provision of direct oral health and primary health care for the uninsured and those unable to access health care by reason of cost and all others wishing to support our networking efforts.*

*By State Statute, Title XXIX Public Health, Chapter 381, (381.0406) Rural Health Network, we are to able to provide care directly, indirectly and by contract.*

*"...the legislature finds that rural health networks may serve as "laboratories" to determine the best way or organizing rural health services, to move the state closer to ensuring that everyone has access to healthcare, and to promote cost containment efforts. The ultimate goal of rural health networks shall be to ensure that quality health care is available and efficiently delivered to all persons in rural areas."*

*"Networks, to the extent feasible, shall provide for a continuum of care for all patients served by the network. Each network shall include the following core services: disease prevention, health promotion, comprehensive primary care, emergency medical care, and acute inpatient care. Each network shall ensure the availability of comprehensive maternity care, including prenatal, delivery, and postpartum care for uncomplicated pregnancies, either directly, by contract, or through referral agreements."*

*"As funds become available, certified networks shall be eligible to receive grant funds to be used to help defray the costs of network infrastructure development, patient care and network administration."*

Our service rates are based on the Federal Poverty Guidelines, applying a sliding fee scale for those that qualify (based on the patient's documented inability to pay). In Monroe County, at the time of this writing, Rural Health Network has three full time (40+ hour/wk) dental clinics; in Tavernier, Marathon, and Key West serving all peoples in rural Monroe, primarily focusing on the indigent, uninsured, and under-insured, accepting Medicaid and a variety of insurances (including Care Credit). To date we have over 12,000 dental patients. In addition RHN has provided thousands of free dental assessments and free sealants to school aged children in the Keys. Our care clinics serve as a safety net, providing care to thousands of local residents that don't have a medical home. We also work with the Department of Juvenile Justice in Monroe providing medical and dental care to incarcerated juveniles.

Also, we are working with the Lower Keys Medical Center attempting to address more accessible primary care at the DePoo hospital. We hope to bring in grant funding to resolve this issue, as we have applied for an FQHC grant. [Funding opportunity # HRSA-11-017, Catalog # 93.527, competition # 4117] RHNMC has secured Memorandum of Agreements (MOAs) with many of the local agencies and non-profits in the Keys; including, but not limited to, The Healthy Start Coalition, WomanKind, SHAL, The Florida Keys Outreach Coalition, Dennis Pharmacy (for 340B pharmaceuticals), the Guidance Care Center and the Lower Keys Medical Center. The focus of this new center is to provide a source where any individual can receive care, with respect and dignity, by physical examination and referral, coupled with comprehensive case management. They would be able to be referred to any of our partners or other organizations that can best help the patient with their needs. For the first time we have a hope to combine effective community and organizational efforts to reduce costs and increase efficiencies and services.

**12. What statistical data support the needs listed in number nine eleven?**

*(If applying for \$5,000 or less, a response to question #12 is not required.)*

A Florida Agency for Health Care Administration (FL AHCA Study) states that 20-25% of the county's population (or 20,000+ persons) do not have health insurance. The Keynoter (Saturday, November 10, 2007) quotes a study that, "...showed that half the county's residents were either underinsured or not insured at all". The high cost of living and the high cost of health/dental insurance in Monroe County are creating an ever widening gap between those who have insurance and those who don't. The statistical data concerning the percentage of the uninsured population of Monroe hasn't significantly improved over the years.

My recent research for the FQHC grant showed that 46% of the population below the 7-mile bridge has no health insurance. Kaiser State Health Facts. Health Coverage and Uninsurance for Florida. Retrieved on September 27, 2010 from <http://www.statehealthfacts.org/>. Extrapolation for 2010 population using a weighted average by income group to adjust 2008 Florida state-level data provided by Kaiser State Health Facts to express the experience of the target population. Extrapolation methods conform with HRSA's NFA Data Resource Guide. This data source was used in lieu of another because it provides a comprehensive data set for the third party payment types (required by Form 4: Community Characteristics) for the general population and by various income groups. No other data source provides this level of consistency for demographic distributions that ensure the most reliable extrapolation by income.

Written in Jacksonville.com, a study by Pew Research states that;

"The greatest health care need among kids involves their teeth",

"Dental care is the single greatest unmet need for health services among children.",

"This is a national epidemic with sobering consequences"

"Tooth decay is the most common childhood disease, and it's getting worse.",

"...the State of Florida gets a grade of F for meeting just two of eight policy benchmarks set...in dental care for children."

I'm proud to say that in Monroe County, we as a community are making substantial strides in fighting this issue.

**13. What are the causes (not the symptoms) of these problems?**

*(If applying for \$5,000 or less, a response to question #13 is not required.)*

*It is the RHN assessment that*

- (1) local, high costs of living and housing, low wages, the hurricane seasons (2004 & 2005) causing an effect on insurances of all types,*
- (2) unaffordable dental services for low income households (including Florida's ridiculously low Medicaid reimbursement rates (ranking 48 or 49, near the bottom of the 50 US States) to health care providers, and*
- (3) The current recession (including the problems within the mortgage companies, the banking industry, the housing market, the stock market and very high unemployment) are the key causes for difficulties in accessing affordable dental care.*

~~14. What does your agency do to address these causes?~~

**14. Describe your target population as specifically as possible.**

*By Florida Statute RHN serves all those in the rural Monroe County. RHN specifically targets low income households, the homeless and uninsured residents of Monroe County, FL. Specifically, RHN attempts to target those at 100-250% of poverty level, according to the most recently published guidelines from Health and Human Services (HHS). Primary care is provided from age groups - newborn to senior adulthood, with either direct or referral care. Dental health care is provided by direct RHN services from three clinics and mobile outreach to children, starting age 24 months, to senior adulthood. This is done without regards to ones age, gender, sexual preference, religion, color, creed, nationality, etc.*

*It should be noted that RHN does not run a "free" clinic, but a "fair share" clinic. Based on the federal poverty guidelines RHN establishes an individual (or family's) ability to pay for services and places them accordingly on a "sliding fee scale". What we have discovered in our current budget year (FY 2010-2011) is that approximately 69% of our budgeted income resources are derived from the patient, either directly or through secondary resources of the patient. RHN is proud to state that it has helped to establish a system where only 15% of our budget funding comes from Monroe County resources and that approximately 69% are derived by the patient and 16% through grants and foundations resources. Not everyone can afford healthcare, but through our system the population is accepting a substantial portion of the financial costs and responsibilities associated with their care.*

*The 251-400% (of poverty) group is also a new target population, as county residents are struggling (through job losses, pay and benefit reductions and housing losses). The economic recession has hit our county as well as the across the country.*

**15. How are clients referred to your agency?**

*RHN receives clients through direct referral from the Florida Department of Health, the Monroe County Health Department, the Department of Juvenile Justice, Monroe County Social Services, Florida Department of Children and Families (and their associated agencies), Lower Keys Medical Center, Fisherman's Hospital, Mariners Hospital, faith based networks, the Southernmost Homeless Assistance League, the local private practices, and the community-at-large. In addition, we utilize local advertising venues, including newspaper ads, radio ads, bus shelter ads, and brochure and flyer distributions.*

**16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?**

*All Clients are screened as to their respective eligibility at intake, and based on income documentation provided (most recent tax statements), are assigned to the sliding fee scale, from 100-250% of poverty (currently in 10% increments from 100-200% and then 201-250%). Clients at or above 251% of federal poverty are recorded as full-pay clients. (Our full pay is extremely discounted from the private pay services within the county.) Federal guidelines do not apply at or above 251%. Client's financial records are reviewed and updated annually. Clients from the 251% - 400% poverty levels are the new and growing segment in the Monroe population that struggle to survive in this weak economy. Our extremely reduced rates are able to help them receive the care they need without them neglecting their own personal healthcare.*

*During periods of extreme hardships our Board of Directors has allowed, at the request of the RHN CEO, to accept proof of income using such items as those on food stamp program, unemployment check stubs, etc. Understandably one's economic situation in today's economy can go quickly from good or OK to poor quickly. RHN wanted to have the flexibility in hard times to use other sources to fairly qualify a person's current economic status. Our Board allowed this as a temporary "stop gap" measure to help those in need.*

*Also we are checking into the Federal Income Verification System (aka IVES) and the State of Florida, DOH's WAGES system to help verify client's income.*

**17. Describe any networking arrangements that are in place with other agencies.**

*RHN maintains a Memo-of Understanding (MOU) with the Guidance Clinic of the Middle Keys to accommodate transportation for disadvantaged clients and referrals to the clinic site, while referral MOU's are in place with Mariner's and the Lower Keys Medical Center. A contract-for-services for HIV-AIDS dental patients exists between RHN and the Monroe County Health Department. MOU's are current with the County's Housing Authority, County Social Services, the Homeless Coalition (SHAL), the Department of Juvenile Justice (DJJ), and the various faith based networks, as well as indirectly with Aids Help.*

*RHN has previously partnered with the Monroe County Health Department, in their (MCHD) Plantation Key facility, to bring greater access and coordination to health care in Monroe County. We hope to further expand this relationship in the Lower Keys and to other locations as needed and/or required.*

*RHN is also working with the CEO & COO of Lower Keys Medical Center, on a contract with the Lower Keys Medical Center at the DePoo Bldg. to provide full-time primary care services in collaboration with the Hospital. As indicated earlier, RHN has established multiple MOU and MOA's with many of the essential organizations to work collaboratively on our Community Health Project, aka Lower Keys Community Health Center, for grant funding for the FQHC.*

*We have been contracted by the Monroe Juvenile Justice (for past three years) to provide primary care and dental care to incarcerated juveniles. We have contracted with the Monroe School Board (Head Start Program) for three years to provide dental care. We also have an ongoing MOA with the Monroe County School District to provide dental sealants and oral assessments to the 2<sup>nd</sup> and 7<sup>th</sup> grade school children of Monroe County.*

**18. List all sites and hours of operation.**

*As of this application;*

*RHN operates:*

***Tavernier:*** *RHN operates (since Sept. 2010) a 40 hour per week dental care clinic in the Upper Keys (Tavernier), at 91555-Suite 1, Overseas Hwy., Tavernier, Florida 33070. Hours are Monday-*

Friday, 8 am-5 pm. (RHN has had a presence in Upper Keys since 1999) We also have a referral network established with other local organizations to better serve that population, including the Good Health Clinic, Mariner's Hospital and the Monroe County Health Department.

**Marathon:** RHN operates a 40 hour per week dental care clinic in the Middle Keys (Marathon), at 2901-Suites 1& 2, Overseas Hwy., Marathon, Florida 33050. A limited & restrictive primary care clinic also has been offered at this location. Hours are Monday-Friday, 8 am-5 pm. (RHN has had a presence in Marathon since 1999) We also have a referral network established with other local organizations to better serve that population.

**Ramrod Key (Lower Keys):** RHN has an administration office in Ramrod Plaza located at 27225 Overseas Highway, Summerland Key, FL 33042 Administration hours for public access are Monday-Friday, 8 am-6 pm. (Actual working hours have been Monday-Saturday 7 am - 9pm)

**Key West:** RHN operates a third, 40+ hours per week dental care clinic in Key West. Located at 1010 Kennedy Drive, Suite 307, Key West, Florida 33040. Hours are Monday-Friday, 9 am-6 pm.

**Lower Keys & Key West: FQHC- Community Health Center:** RHN is planning to open (late autumn) a Federally Qualified Community Health Center to be located by donated In-Kind space from the LKMC at the DePoo Hospital at 1200 Kennedy Drive (one block from our existing dental clinic). The intent is to have a 40+ hour primary care clinic and complete referral service center with a full complement of community partners.

RHN works to support, by way of referrals, with the Monroe County Health Department in its primary care clinics and Womankind's clinic. (RHN has had a primary care presence in the Key West area from 1999-2006. In 2006 our clinic at St. Clair's closed, however patients were seen at the DePoo Primary Care Center with Dr. Covington's practice. We are currently working on funding grants to support more extensive efforts at the DePoo Hospital. (RHN is working with the Lower Keys Medical Center to provide primary care services in conjunction with the Lower Keys Hospital.)

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

Rising gasoline prices make county wide agencies more costly to operate. FQHC's require monthly board meetings, drastically increasing the cost associated with conducting more meetings (especially given the demands of the FL Sunshine laws in relation to conducting meetings at one location across a 120 mile stretch!)

This project anticipates that there will be an escalation in costs associated with this service over time, as the cost of hiring/contracting for a fulltime dentist(s) are high, as are the costs associated with ancillary assistance (e.g., dental hygienists, skilled dental assistants), and housing associated with those personnel. Many dental professionals can earn more in other areas of the state, where the cost of living and housing are more modest, and pay may actually be higher. In general, the cost of doing business is increasing at an alarming rate. From gasoline to medical supplies, RHN is faced with escalating costs. As the Federal Government, State Government, Local Government(s) and private enterprise (s) attempt to recover from fiscal mismanagement, RHN continues to monitor its income and expenses and adjust accordingly. In addition, RHN has committed itself to work with its' community partners to find better ways to deliver its services (i.e.; our partnership with the Monroe County Health Department, the Department of Juvenile Justice, the Guidance Clinic, Womankind & our working relationship and pending partnership with the Lower Keys Medical Center). This project will respond to this awareness through fair but accurate patient fee collections (part of our "fair share" concept), increased dependence on local fund-raising efforts, and the aggressive pursuit of renewable federal and state grants.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

*(If applying for \$5,000 or less, a response to question #20 is not required.)*

*Spiraling health care costs in all areas of care make funding a unique challenge for RHN. The health care costs in the US are anticipated to rise to 20% of the GNP at 7% per year (NACHC Newsletter, 2/27/06). Securing and maintaining the best practitioners at reasonable market cost is presently difficult and will become more challenging with time. The sustainability efforts will form the core of this organization's plan to sustain operations and services through and beyond the next 2 years.*

*RHN has cut administration down to a minimum. Many positions have been eliminated. For example, the CEO, Program Development, Community Outreach & IT positions have been combined into one position. COO duties have been given to our Health Services Director and CFO duties given to our Finance and Property Director. Medical students are utilized wherever and whenever possible to eliminate overstaffing, but not at the risk of sacrificing sound medical integrity. Front desk and assistant duties have been combined to reduce any possible excess staffing. Case management duties are often assigned to hygienists and registered nurses. A challenge that still exists is the need to expand our administrative base. RHN has been criticized in the past (and at times rightfully so) for being administratively top heavy. Since 2007 RHN has restructured itself to provide more services to more people than prior to mid 2007. In fact, today we provide about 4 times the services in many more locations (county wide 40+ hours at each location) and do it much more cost effectively, with a very lean administration. That being said, we are at the stage where we need to add program development staff and maintenance crews to continue to provide the funding and support necessary to keep RHN running at peak performance.*

*Partnerships and collaborations are the key to our continued success. RHN has developed partnerships with the Guidance Clinic of the Middle Keys and shares, and has shared for years, HRSA Outreach grants with that organization. In addition, RHN has developed stronger relationships with the Monroe County Health Department, the Monroe County School District, the Department of Juvenile Justice and the Lower Keys Medical Center, in which bringing better health care services to the Monroe community has been set as the priority. Our goal is to provide better access to health care and at fair and affordable rates for our community. RHN has, and will continue to apply for relevant grants to fund our mission. It should be noted, however, that many grants require matching funds, and/or have an expectancy of solid local support and local financial contributions.*

*The short answer is to work harder, more efficiently, more productively, advertise, and go after the grants that will support our organizational and community efforts. What is amazing is that only 15% (\$333,600) of our projected budget comes from Monroe County. That means that for every \$15 dollars the county gives in support to Rural Health Network we have been able to give an astounding \$ 85 return to the county's investment, in high quality healthcare services. Our answer in question # 14 (paragraph 2) explains how we have been able to accomplish this amazing ROI.*

21. How are clients represented in the operation of your agency?

*Clients originating from the direct care service delivery pool represent a portion of the RHNMC Governing Board membership, commonly called consumer members. As we have recently restructured our board in anticipation of the FQHC (Federal Grant) our Governing Board will be consumer dominated by mid-summer.*

*Also confidential surveys are done with our patients and presented at periodic board meetings. Our clients / patients are our residents, neighbors, visitors and community guest(s). Our services are here for their well being. Their opinions are important to our operation as a health care provider. We are developing new survey mechanisms through Google and Survey Monkey that will also aid RHN in client feedback.*



*All Governing Board members are residents of Monroe County.*

**22. Is your agency monitored by an outside entity? If so, by whom and how often?**

*(If applying for \$5,000 or less, a response to question #22 is not required.)*

*Yes. RHN is monitored annually by the FL Department of Health: Office of Rural Health. Reports are delivered to them five times a year and we are visited periodically by their staff. The Monroe County Health Department, by virtue of our contract with them (concerning services we deliver through their Ryan White Grant) monitors our clinics periodically. RHN also hires an accounting firm, specializing in not-for-profits. In addition, licenses are administered by the Agency for Health Care Administration (AHCA) and by the Florida Board of Dentistry.*

*Also each grant, whether federal or foundation, monitors the use of its funding and the specific outcomes of the projects proposed.*

**23. \_\_\_\_\_ hours of program service were contributed by \_\_\_\_\_ volunteers in the last year.**

*240 hours of program service were contributed by 10 volunteers in the last year.*

*Program Development committee volunteer service hours ( 1 meeting per month)= 10 members x 12 mtgs x 2 hrs/mtg = 240 hrs. These hours included such tasks as brochure designing, preparation and dissemination.*

*Additionally, our staff has provided hundreds of hours of unpaid (gratis) service to RHN for such items as location relocates, grant writing reviews and purchasing reviews (for the best in buying power), health fairs and similar events, and document filing and destruction duties as needed.*

*Statistically, our 2.25 FTE administrative staff, which is 11% of the RHN labor workforce, put in 23% of the total labor hours (calendar year 2010). A normal 40 hour work week for 52 weeks yields 2080 work hours. The CEO ( 1 fte) logged in 3,582.22 hours, equivalent to 1.73 fte. The CFO (1 fte) logged in 2,112.56 hours and the COO (1 fte) logged in 2762 hours (with .25 fte going directly to administration and .75 fte going to clinical services).*

**24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?**

*No. However, under Florida law, the services of a FL licensed dentist performed for another entity (such as RHN) must be performed on a contractual basis. Any licensed dentist utilized by RHN will be contracted by RHN to perform basic dentistry duties. The licensed dentist has clinic control of their particular dental clinic.*

**25. What measurable outcomes do you plan to accomplish in the next funding year?**

*This project anticipates serving no less than 7,500 unduplicated dental patients per year, and will experience well over 15,000 patient visits in our dental clinics. In addition, we anticipate an additional 2000 hours of hygienist work, education and case management. In addition, we anticipate a level of primary care patients to be approximately 7,547 total " fee- for- service" patients. Variables in this are, of course, funding availability, FQHC or FQHC look-alike status, and on-going working relationships with current partnerships and community providers.*

*A measurable outcome for this project is that 95% of clients randomly sampled per year (N=100) will state that the overall services received from the dental program were "good" or "excellent". Our dental sealant program will provide an additional unduplicated patient base of 1,231 students to our outreach program(s).*



26. How will you measure these outcomes?

*(If applying for \$5,000 or less, a response to question #26 is not required.)*

*The measure will be determined through an analysis of service utilization, patient flow and random sampling throughout the fiscal year, via survey questionnaires. We have developed an on-line survey/questionnaire that can be filled out via our website. In addition, we allow anonymous comments to be made (with complete discretion) at our clinics, for purposes of providing top rated services and high levels of quality control. Specifically for our Sealant Program, RHN utilizes the CDC "SEALS" statistical database and reporting software program and documents the costs and analysis portion of the information for our outreach sealant project. Our clinics utilize practice management software that gathers demographic and statistical data of the patients visiting each of the three clinics currently in operation.*

*As mentioned in answer 21 a more formalized survey initiative will be introduced to collect data from clients.*

26. Provide information about units of service below. *(If applying for \$5,000 or less, a response to question #26 is not required.)*

Service (clinic provided)	Unit (hour, session, day, etc.)	Cost per unit (current year)
Dental Care (screenings, exams, x-rays, tooth extractions, periodontal care, dental sealant applications, oral health education, cleanings, fillings, dentures.)	1 hour	\$125/unit (@ 2,000 hrs/yr x 4 dentists (3 clinics), and a total project cost of \$1,000,000 yr) \$125/unit x 8000 units or hours=\$1,000,000

27. In 300 words or less, address any topics not covered above (optional).

*Since 1999 Rural Health Network of Monroe County has seen over 22,000 patients and is today the medical home for around 15,000 residents, by providing primary medical/oral health care. That number represents about 20% of the population of the county. In the field of oral health care, RHN has successfully provided dental care to the uninsured since January 2003, currently with 3 county-wide clinics and two effective community outreach programs. In the past 8-1/2 years, it has successfully established cooperative relationships, and in some cases, partnerships with various entities in Monroe County.*

*This county has around 46% of its population as uninsured residents (those that have no health care coverage at all). There are many more that do not have an oral health care provider and oral health care insurance. To date, **Rural Health has become the oral health care provider and home** to approximately 12,000 Monroe Residents (and visitors). Over the next few years that number will increase.*

*RHN appreciates the recognition and support given to this project by the County Commission and the HSAB over all of the years of its existence. If we, as a community, are to curb this potential health crisis, we must act immediately and without reserve. It is a proven fact that the neglect of oral health care, from our children to our seniors, will become our next major health crisis. By providing basic, and often comprehensive oral health care exams and service(s), we as a community, can alleviate the over burdening of our emergency rooms,*

*educate and treat the children at a young age (by teaching proper hygiene and providing dental sealants), and care for the overall well being of our small, but significant community.*

***Our request here is for continued support of our child dental assessment and sealant program. We must receive matching funds in order not to lose our funding!***

**Required Attachments**

*Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.*

- 1 Save the file from diskette or email to your computer's hard drive.  
In this way, you may always revert to the original blank version if necessary.
- 2 Please note that there are several "worksheets" in this "workbook" file. Look for the tabs at the bottom of the window, and make sure you complete the checklist and all attachments, A through F.
- 3 Be careful not to enter any data in cells that contain a formula;  
cells that contain a formula will have a number in them already.
- 4 The worksheets will truncate cents from all amounts; you may round to the nearest dollar, or it will happen automatically if you enter dollars and cents.
- 5 For FTE'S, however, in Attachment B, please enter any decimals, if necessary, so that part-time positions are accurately represented.
- 6 If you must insert rows in any sheet, do so carefully, and make sure totals include those new rows. It seems to work best if you do NOT insert rows immediately above a row that includes totals, or above the first row in a range of cells that has a total at the bottom.
- 7 Place the checklist and all attachments behind the last page of questions.
- 8 If you have over-written formulas or caused other major "damage" to the worksheets, the best thing to do may be to revert to the original version sent to you on diskette or in email, and begin entering data again.
- 9 When you print the worksheets, you may tell your printer to print any colors as black.

## ATTACHMENT CHECKLIST

<b>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE</b> <b>IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN</b>	<b>ATTACHED?</b>		<b>COMMENTS</b>
	<b>YES</b>	<b>NO</b>	<b>You must explain any "NO" answers</b>
A. Board Information Form	YES		
B. Agency Compensation Detail	YES		
C. Profile of Clients and Services	YES		
D – F. Financial Information	YES		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	YES		
H. Copy of IRS Form 990 from most recent fiscal year	YES		
I. Copy of current fee schedule	YES		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	YES		
K. Copy of Current Monroe County and City Occupational Licenses	YES		
L. Copy of Florida Dept. of Children And Families License or Certification		NO	not applicable
M. Copy of any other Federal or State Licenses	YES		
N. Copy of Florida Dept. of Health Licenses/Permits			
O. Copy of front page of Agency's EEO Policy/Plan	YES		
P. Copy of Summary Report of most current Evaluation/Monitoring *	YES		
Q. Data showing need for your program (optional, see question 7)			
R. Other (specify) TWO PAGE LIMIT	YES		

\* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.



## ATTACHMENT B - AGENCY COMPENSATION DETAIL

Please note changes for FY2008 - see instructions.

2011

Include each position in the entire agency.

Rural Health Network of Monroe County FL, Inc.

Put an "X" next to each position directly related

to program for which funding is requested.

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

Position Title	"X"	Proposed - Upcoming Year Ending:		Projected - Current Year Ending:	
		6/30/2012		6/30/2011	
		# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Administration - Chief Executive Officer		1.00	90,000	1.00	90,000
Administration - Chief Financial Officer		1.00	50,000	1.00	36,000
Administration - COO @ 25%		0.25	17,500	0.25	17,500
Clinical - COO @ 75%		0.75	52,500	0.75	52,500
Clinical K W - Dentist CONTRACT		0.25	42,000	1.00	126,000
Clinical K W - Dentist CONTRACT		1.00	126,000	0.25	31,500
Clinical K W - lead Dentist CONTRACT		1.00	150,000	0.25	31,500
Clinical K W - Hygienist		0.25	18,720	1.00	69,888
Clinical K W - Hygienist		1.00	79,040	0.25	17,160
Clinical K W - Dental Assistant		1.00	43,680	1.00	37,440
Clinical K W - Dental Assistant		1.00	37,440	1.00	31,200
Front Desk K W - Front Desk/HE		1.00	28,000	1.00	35,360
Front Desk K W - Front Desk/HE		1.00	37,000	1.00	23,296
Clinical Marathon - Dentist CONTRACT		0.25	42,000	1.00	126,000
Clinical Marathon - Dentist CONTRACT		1.00	132,000	0.25	31,500
Clinical Marathon - Hygienist		0.25	18,720	0.25	17,160
all 3 clinics - Dental Assistant FLOATER		1.00	37,440	1.00	29,120
Clinical Marathon - Dental Assistant		1.00	37,440	0.67	19,418
Front Desk Marathon - Front Desk/HE		1.00	28,000	1.00	24,960
Clinical Tavernier - Dentist CONTRACT		0.25	42,000	1.00	126,000
Clinical Tavernier - Dentist CONTRACT		1.00	136,000	0.25	31,500
Clinical Tavernier - Hygienist		0.25	18,720	0.25	17,160
Clinical Tavernier - Dental Assistant		1.00	37,440	1.00	20,800
Front Desk Tavernier - Front Desk/HE		1.00	28,000	0.50	24,960
Dental Sealant Director	X	0.25	18,500	1.00	18,500
Dental Sealant - Dentist CONTRACT	X	0.62	92,416	0.50	52,416
Dental Sealant - Dental Assistant	X	0.33	12,474	0.33	9,702
Dental Sealant - Hygienist	X	0.25	18,720	0.25	17,160
Medical Director		0.10	12,000	0.10	12,000
Nurse Practitioner - DJJ		0.50	34,200	0.50	31,252
Physician		0.50	70,000	0.00	0
ARNP		0.50	46,000	0.00	0
RN		0.50	26,000	0.00	0
Payroll - extra staffing needs as may arise		1	70,000	1.00	70,000
CHC- Med Dir/Phys/NP/RN/CN/Desk		0.00	0	0.00	0
Fringe Benefits * not on CONTRACTS					
SS/Med @ 7.65			74,016		55,274
Worker's comp/Unempl Insur.			35,527		30,527
<b>Totals</b>	<b>4</b>	<b>23.05</b>	<b>1,839,493</b>	<b>20.60</b>	<b>1,364,753</b>

2011

*This attachment has changed; please refer to instructions.  
Delete or type over sample information shown.*

**Rural Health Network of Monroe County FL, Inc.**

List Services Here	Target Population*	# of Persons in Target Population	Area	Days/Hours	Cumulative # of Clients for Year Ending 12/31/2010	Current # of Clients ("snapshot") as of 03/15/2011
Oral Health care	Primary target population: Males, Females, Adults, Children, age 2 to elderly (senior adults) from low income & uninsured households (<250% of federal poverty guidelines)	20,000+ (46% of entire Monroe is uninsured)	county-wide	Weekdays 8:00 am- 6 pm	11,119	40
Oral Health care- Dental Sealant Outreach Program	School Children in grades 2 & 7 in Monroe County	1,200 est each year for grade 2 & 7	county-wide	weekdays 7:00 AM - 3:00 PM, during school open session	1,127	43
Primary Care Service, including physicals, screenings, referrals, etc.	Primary target population: Males, Females, Adults, Children, newborn to elderly (senior adults) from low income & uninsured households (<250% of federal poverty guidelines)	20,000+ (46% of entire Monroe is uninsured)	county-wide, with new focus on Lower Keys and Key West	Marathon Weekdays Tuesdays + Thursdays 8:00 am- 5 pm	3,227	13
Department of Juvenile Justice- Oral and Primary care for incarcerated juveniles	Incarcerated juveniles	18% of 72,423 or approx. 13,004 based on 2008 census	Key West Juvenile facility	24/7	N/A	12
				Also referrals from our Oral Health Clinics and Outreach through our screening programs		
Unduplicated Clients for Entire Agency					11,119	43

based on area of  
service with  
highest count -  
different databases

\*Please indicate the residency of persons served

**Entire Agency:** Because our data base is separate for each area of service we have no way to verify, for example is a patient that received primary care also received dental care, or if a juvenile at the justice center is receiving oral care.

# ATTACHMENT D - COUNTY FUNDING BUDGET

2011

Rural Health Network of Monroe County FL, Inc.

Show the proposed budget detail for the County funds requested.

The total must match with the total funding requested.

	Proposed Expense Budget for Upcoming Year Ending:	
	6/30/2012	
Expenditures	Total	%
Salaries (FL State Law requires contract dentist)	80,000	100.0%
Payroll Taxes		0
Employee Benefits		0
<b>Subtotal Personnel</b>	<b>80,000</b>	<b>100.0%</b>
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
		0
		0
		0
		0
		0
		0
Please note that the salary monies being asked		0
for can be used for any of the four positions checked		0
on the compensation detail, however for documentation		0
purposes for the county finance it is most convenient to use		0
the contract dentist and his/her hours as documented		0
on our Time-IPS System.		0
		0
		0
		0
		0
		0
		0
<b>Total Expenses</b>	<b>80,000</b>	<b>100.0%</b>



# ATTACHMENT E - AGENCY EXPENSES

2011

Rural Health Network of Monroe County FL, Inc.

Complete this worksheet for the entire agency.  
Please round all amounts to the nearest dollar.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2012		6/30/2011	
Expenditures	Total	%	Total	%
Salaries	967,534	32%	722,536	33%
Payroll Taxes	74,016	2%	55,274	3%
PR Insurances	35,527	1%	30,527	1%
<b>Subtotal Personnel</b>	<b>1,077,077</b>	<b>36%</b>	<b>808,337</b>	<b>37%</b>
7000 Grants, Contracts & Assoc. Exp.	13,256	0%	13,256	1%
7515 Interest Expense	17,030	1%	17,030	1%
7520 Audit, Bank & Accounting	20,089	1%	20,089	1%
7530 Legal Fees	17,771	1%	17,771	1%
7550 Contract Labor - Dentists	762,416	25%	556,416	26%
7500 Other Service Expenses	14,117	0%	22,117	1%
8110 Supplies (Office, Dental & Other)	158,386	5%	158,386	7%
8120 Dental Labs (outsourced)	96,737	3%	96,737	4%
8130 Telephone & Telecommunications	26,252	1%	15,656	1%
8100 Other Non-Personnel Expenses	4,166	0%	4,166	0%
8210 Rent, Parking & Occupancy	185,400	6%	153,317	7%
8212 KW Clinic Assoc. Fees	28,564	1%	28,564	1%
8220 Utilities	21,527	1%	17,527	1%
8200 Other Facility & Equipment	9,458	0%	89,458	4%
8300 Travel & Meeting Expenses	31,174	1%	31,174	1%
8520 Insurance Non-Employee	36,054	1%	36,054	2%
8570 Advertising (promo/classified)	60,000	2%	60,000	3%
8500 Other Expenses	4,593	0%	4,593	0%
8600 Business Expenses - Bad Debt	2,902	0%	2,902	0%
IT software Upcoming Grant Opportunity	300,000	10%	0	0
8524 Dntl Equipment Repairs and Maint	66,797	0.02225	0	0
Reserve	48,354	2%	7,584	0%
<b>Total Expenses</b>	<b>3,002,121</b>	<b>100%</b>	<b>2,161,135</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>0</b>		<b>0</b>	

# ATTACHMENT F - AGENCY REVENUE

2011

Complete this worksheet for the entire agency.

Rural Health Network of Monroe County FL, Inc.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	6/30/2012			6/30/2011		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County (HSAB)	60,000	0	2%	60,000	0	3%
Monroe County (old line item)	273,600	0	9%	273,600	0	13%
Key West	0	0	0%	0	0	0%
Marathon	7,000	0	0%	5,400	0	0%
Islamorada	0	0	0%	0	0	0%
Layton	0	0	0%	0	0	0%
Key Colony Beach	0	0	0%	0	0	0%
Client fees	2,000,000	0	67%	1,500,000	0	69%
Donations & fundraising	3,500	0	0%	3,500	0	0%
Sheriff Shared Asset	7,946	0	0%	5,800	0	0%
List all others below		0	0%		0	0%
Dade Community Foundation	2,000		0%	2,000		0%
Dept. Juvenile Justice	98,320	0	3%	46,080	0	2%
Health Foundation S. FL	70,000	0	2%	60,000	0	3%
HRSA IT Grant Upcoming Grant Op	300,000		10%	0		0%
Hospital Dues	15,000	0	0%	15,000	0	1%
HRSA Dental Sealant Grant	100,000	0	3%	125,000	0	6%
Interest - Bank Account	1,200		0%	1,200		0%
Office of Rural Health	63,555	0	2%	63,555	0	3%
Refunds			0%	0		0%
			0%			0%
FQHC Grant - LKCHC			0%	0		0%
FQHC Funding Support - LKCHC			0%			0%
LKCHC - DePoo Space LKMC			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			100%
Total Revenue	3,002,121	0		2,161,135	0	

**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
Application for Funding  
Fiscal Year 2012  
October 1, 2011 – September 30, 2012**

Agency Name	Rural Health Network of Monroe County Florida, Inc.
Physical Address *	27225 Overseas Highway, Ramrod Key, FL 33042 * see below for additional addresses
Mailing Address	P.O. Box 500370
City, State, Zip	Marathon, FL 33050-0370
Phone	305-517-6613
Fax	305-517-6617
Email	<a href="mailto:dsmith@rhnmc.org">dsmith@rhnmc.org</a>
Who should we contact with questions about this application?	Daniel E. Smith, President & Chief Executive Officer

Amount received for prior fiscal year ending 09/30/10 FROM COUNTY LINE ITEM BUDGET	\$ 273,600.00
Amount received for current fiscal year ending 09/30/11 FROM COUNTY LINE ITEM BUDGET	\$ 273,600.00
Amount requested for upcoming fiscal year ending 09/30/12 FROM TRANSFER OF LINE ITEM TO HSAB	\$ 273,600.00

\* 1010 Kennedy Drive, Suite 307  
Key West, Florida 33040

\* 2901 Overseas Hwy., Suites 1 & 2  
Marathon, Florida 33050

\* 91555 Overseas Hwy., Suite 1  
Tavernier, Florida 33070

**Other Locations Pending Contract Approvals**

MOA with LKMC for  
\* DePoo Hospital Primary Care Clinic  
1200 Kennedy Drive  
Suite 208 (plus many additional suites)  
Key West, FL 33040

## CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

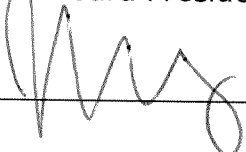
We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director:

Signature 

Date: April 13, 2011

Typed Name of Board President/Chairman:

Signature 

Date: 04-15-11

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

*Rural Health Network's (RHN) mission is "To improve the quality of and access to affordable health care for all Monroe County (FL) residents".*

2. List the services your agency provides.

**Primary Care:**

*A) Medical Services:*

*Limited over the past year; such services as (but not limited to); blood testing, employment, school & camp physicals, routine physicals, well woman exams, pap smears, ear, nose & throat exams, asthma / respiratory treatments, diabetes & hypertension management, HIV testing, pregnancy testing, and family planning. Also treatments for the following conditions; rashes, urinary & gynecological infections, std's, herpes, warts, fever management, pain management, cuts, wounds, lacerations, sutures/staple removal, sprains, scrapes, minor fractures, flu symptoms, vomiting, diarrhea, allergies, headaches, migraines, minor surgeries, removal of moles & skin tags, pink eye, respiratory infections, pneumonia, and medical prescriptions. In addition, Rural Health Network maintains a successful prescription assistance program (PAP). It is available to those who qualify and is coordinated by our case management team.*

*B) Dental Services at three county-wide RHN administered clinics:*

*Screening, exams, x-rays, cleaning, deep cleanings, teeth whitening, Invisalign ® straightening, fillings, regular and surgical extractions, dental sealants, root canals, dentures (full & partial), crowns, fixed prosthodontics, infection control, pain management and limited emergency care. By Florida law, the Florida licensed dentist(s) at each clinic maintain clinic control of their respective work environments (the clinics); therefore services are dependent on the dentist and their specific qualifications.*

*C) Outreach Services:*

*RHN provides medical and dental services, via contract and specific contract funding, to the Department of Juvenile Justice in Monroe County.*

*RHN also provides and outreach dental assessment and sealant program, partnering with the Monroe County School District & the Monroe County Health Department, via a grant from the federal government. (Matching funds required)*

3. What services will be funded by this request?

*RHN will use all allocations from this HSAB grant request for Clinical Oral Health Care services- at the current 3 dental clinics, Primary Care Health services (clinical and outreach support and development- excluding programs that are directly funded in full by other sources, e.g. our DJJ program) and RHN administrative support services throughout the entire Florida Keys. Administrative support is specifically to support our dental clinics, primary care efforts through-out the county and our admin staff and their efforts; including but not necessarily limited to clinic staff support, such as staff training, personnel issues and compliance issues, purchasing coordination of equipment and supplies at the clinic level, to get the best "bang for our buck" (operational); financial reporting, statistical support, property management, and risk management (finance) and grant writing, human resources/personnel management, grant documentation and program development (executive support).*

*After focusing on the oral health care and successfully establishing a four tier program throughout the county ( three clinics and one outreach program), RHN is now preparing itself to effectively tackle the "primary" care issues in a similar manner and approach. We are working swiftly to do a county wide assessment of the services available, of how they are being delivered, and what services are required or necessary. The next phase is to address the gaps in services and delivery of those services, by designing a best approach model. Once this inventory is completed, with the help of many other agencies and groups, a model, perhaps such as we crafted for the planned Lower Keys Community Center can be put into motion.*

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes **No**

If yes, please circle the new category for which you would like to be considered:  
Medical                      Core Services                      Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services:    Medical                      Core Services                      Quality of Life

5. Will County HSAB funds be used as match for a grant?

**No.** *That being stated, Rural Health Network (RHN) has applied for and is hoping to receive federal monies from the Department of Health and Human Services, Health Resource and Service Administration- Bureau of Primary Care, funding for a Federally Qualified Health Center (FQHC). The application was submitted in mid-December 2010 [Funding Opportunity # HRSA-11-017, Catalog of Federal Domestic Assistance # 93.527, Competition # 4117] If awarded this federal grant, it certainly can complement the services that RHN provides and well as those of the partnerships that have support the grant application by means of care coordination and benefits, in such means as perhaps electronic medical records and sovereign immunity (Federal Tort,) all as allowed by federal law and grant requirements.*

*The abstract and narrative of that(HHS-HRSA) application provides for a community health center from the south point of the 7-mile bridge to Key West. Currently there is no Federally Qualified Community Health Center serving that specified area. The FQHC located in The City Marathon has not provided any specific services in the aforementioned catchment area (as described above) and in fact, has had complaints filed against it (to the Bureau of Primary Care) by a hospital for their ineffective handling of specific patients.*

*If awarded, of the \$ 650,000 grant request, 25% will be designated to specifically help fund healthcare for the homeless population within the catchment area. Rural Health Network has established a comprehensive network of partnerships (that we have worked with over the past 12 years of more) to develop what RHN believes will be a **true COMMUNITY HEALTH CENTER** for the Lower Keys and Key West. The partners include, but certainly are not limited to; SHAL, The Florida Outreach Coalition, Dennis Pharmacy (for federal 340B pharmaceuticals), RHN dental group (Rural Health Network's dental clinic), the Monroe County Health Department, the Guidance Care Center, WomanKind, the Monroe County School District, and the Florida Keys Healthy Start Coalition. A major partner and contributor to the project, not to be overlooked, is the Lower Keys Medical Center, which has agreed to provide "in-kind" space, with associated utilities and maintenance at the DePoo Hospital. Each of these partners has agreed in Memorandums of Agreement and/or Understanding to fully support and cooperate with this major undertaking.*

*RHN has been working diligently to establish the systems that would be required for the FQHC, such as the Electronic Health/Medical Records (EHR/EMR), the 340B application (with and for) Dennis*

*Pharmacy, and such items as the Federal Tort (Sovereign Immunity) that would be available to those service are employed within the FQHC system.*

An attached document (attachment "R") graphically provides the concept in a visual format. The plan is to have one location (DePoo Hospital) where any individual can come for a basic physical and be "case managed" to the appropriate agency or entity where services can be provided in the most efficient and effective means possible. The center would become a central point where a patient can be "triaged" and "case managed" so that care is provided and services are met, as funding allows, to help our community in terms of affordable and accessible health care.

As a foot-note to the federal application for funding, should the award not be allocated (for whatever reason), RHN can still operate as an FQHC "look-alike". This would provide some benefits, but without the federal dollars being provided.

6. If you answered "yes" to number four five, please specify the:

- a. grant award title, granting agency, and purpose:
- b. grant amount:
- c. match percentage requirement and amount:

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

- a. how the funds were spent.

***This request is specific to the Line Item funding of \$ 273,000 that is being transferred to the HSAB for FY 2012.***

***However, past HSAB request and a continued support request is being submitted for the following (not related to this request):***

*The funding was spent to supplement our federal grant & provide assessments and dental sealants to the Monroe School children in the second and seventh grade levels. During the first two years of the program, calculated by the SEALS: Sealant Efficiency Assessment for Locals and States, An evaluation and benchmarking tool for administrators of community sealant programs (from the CDC) RHN sealed a total of 1,127 children (community outreach at the schools), with 4,389 teeth sealed, and for the two years combined, a potential savings of \$1,188,836 dollars in oral care was achieved.*

*The above stated savings are based in monetary terms; however some things can't be measured directly. We have provided a mental and emotional level of support to the children through-out our school system, by helping educate them in keeping and saving their "healthy smiles".*

- b. how they were used to leverage additional funding.

***Once again this request is specific to the Line Item funding of \$ 273,000 that is being transferred to the HSAB for FY 2012.***

***Past HSAB request and continue support request is being submitted for the following (not related to this request):***

*Total project cost is \$ 641,118. The project amount minus the HHS-HRSA grant amount leaves a balance of \$ 266,118. That amount, contributions through-out the project (e.g.; the Henry Schein/Colgate), leaves a support balance needed of approximately \$ 130,000. Leverage*

came from applying for the HHS-HRSA grant with the anticipation of Monroe County HSAB funds, SAFF funds, City of Marathon funds, in-kind donations (Henry Schein/Colgate, Patterson Dental, Etc.) and contributions and donations from foundations and other charitable organizations and individuals.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."

**No.** This funding is specific to Rural Health Network of Monroe and its operations of medical, dental and administrative operations as it has been in past years.

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."

**No.** Additionally, and for general information and understanding, FQHC funding may be used to support the specific duties only of the Federally Qualified Health Center as indicated in the grant proposal submitted to HRSA.

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

Rural Health is/was a part of the county line item budget, supporting administration, oral health clinic care and primary care countywide. This year that process has been merged into the HSAB, currently with two applications. This particular HSAB application is for the BOCC Line Item funding that was transferred over to the HSAB for FY 2012. We will and have applied for the traditional HSAB funding (under separate cover as requested) for our Oral Health Care for Children program.

11. What needs or problems in this community does your agency address?

RHN addresses the provision of direct oral health and primary health care for the uninsured and those unable to access health care by reason of cost and all others wishing to support our networking efforts.

By State Statute, Title XXIX Public Health, Chapter 381, (381.0406) Rural Health Network, we are to able to provide care directly, indirectly and by contract.

"...the legislature finds that rural health networks may serve as "laboratories" to determine the best way or organizing rural health services, to move the state closer to ensuring that everyone has access to healthcare, and to promote cost containment efforts. The ultimate goal of rural health networks shall be to ensure that quality health care is available and efficiently delivered to all persons in rural areas."

"Networks, to the extent feasible, shall provide for a continuum of care for all patients served by the network. Each network shall include the following core services: disease prevention, health promotion, comprehensive primary care, emergency medical care, and acute inpatient care. Each network shall ensure the availability of comprehensive maternity care, including prenatal, delivery, and postpartum care for uncomplicated pregnancies, either directly, by contract, or through referral agreements."



*"As funds become available, certified networks shall be eligible to receive grant funds to be used to help defray the costs of network infrastructure development, patient care and network administration."*

*Our service rates are based on the Federal Poverty Guidelines, applying a sliding fee scale for those that qualify (based on the patient's documented inability to pay). In Monroe County, at the time of this writing, Rural Health Network has three full time (40+ hour/wk) dental clinics; in Tavernier, Marathon, and Key West serving all peoples in rural Monroe, primarily focusing on the indigent, uninsured, and under-insured, accepting Medicaid and a variety of insurances (including Care Credit). To date we have over 12,000 dental patients. In addition RHN has provided thousands of free dental assessments and free sealants to school aged children in the Keys. Our care clinics serve as a safety net, providing care to thousands of local residents that don't have a medical home. We also work with the Department of Juvenile Justice in Monroe providing medical and dental care to incarcerated juveniles.*

*Also, we are working with the Lower Keys Medical Center attempting to address more accessible primary care at the DePoo hospital. We hope to bring in grant funding to resolve this issue, as we have applied for an FQHC grant. [Funding opportunity # HRSA-11-017, Catalog # 93.527, competition # 4117] RHNMC has secured Memorandum of Agreements (MOAs) with many of the local agencies and non-profits in the Keys; including, but not limited to, The Healthy Start Coalition, WomanKind, SHAL, The Florida Keys Outreach Coalition, Dennis Pharmacy (for 340B pharmaceuticals), the Guidance Care Center and the Lower Keys Medical Center. The focus of this new center is to provide a source where any individual can receive care, with respect and dignity, by physical examination and referral, coupled with comprehensive case management. They would be able to be referred to any of our partners or other organizations that can best help the patient with their needs. For the first time we have a hope to combine effective community and organizational efforts to reduce costs and increase efficiencies and services.*

**12. What statistical data support the needs listed in number nine eleven?**

*(If applying for \$5,000 or less, a response to question #12 is not required.)*

*A Florida Agency for Health Care Administration (FL AHCA Study) states that 20-25% of the county's population (or 20,000+ persons) do not have health insurance. The Keynoter (Saturday, November 10, 2007) quotes a study that, "...showed that half the county's residents were either underinsured or not insured at all". The high cost of living and the high cost of health/dental insurance in Monroe County are creating an ever widening gap between those who have insurance and those who don't. The statistical data concerning the percentage of the uninsured population of Monroe hasn't significantly improved over the years.*

***My recent research for the FQHC grant showed that 46% of the population below the 7-mile bridge has no health insurance.*** Kaiser State Health Facts. Health Coverage and Uninsurance for Florida. Retrieved on September 27, 2010 from <http://www.statehealthfacts.org/>. Extrapolation for 2010 population using a weighted average by income group to adjust 2008 Florida state-level data provided by Kaiser State Health Facts to express the experience of the target population. Extrapolation methods conform with HRSA's NFA Data Resource Guide. This data source was used in lieu of another because it provides a comprehensive data set for the third party payment types (required by Form 4: Community Characteristics) for the general population and by various income groups. No other data source provides this level of consistency for demographic distributions that ensure the most reliable extrapolation by income.

*Written in Jacksonville.com, a study by Pew Research states that;*  
*"The greatest health care need among kids involves their teeth",*  
*"Dental care is the single greatest unmet need for health services among children.",*  
*"This is a national epidemic with sobering consequences"*  
*"Tooth decay is the most common childhood disease, and it's getting worse.",*  
*"...the State of Florida gets a grade of F for meeting just two of eight policy benchmarks set...in dental care for children."*

*I'm proud to say that in Monroe County, we as a community are making substantial strides in fighting this issue.*

**13. What are the causes (not the symptoms) of these problems?**

*(If applying for \$5,000 or less, a response to question #13 is not required.)*

*It is the RHN assessment that:*

- (1) local, high costs of living and housing, low wages, the hurricane seasons (2004 & 2005) causing an effect on insurances of all types,*
- (2) unaffordable dental services for low income households (including Florida's ridiculously low Medicaid reimbursement rates (ranking 48 or 49, near the bottom of the 50 US States) to health care providers, and*
- (3) The current recession (including the problems within the mortgage companies, the banking industry, the housing market, the stock market and very high unemployment) are the key causes for difficulties in accessing affordable dental care.*

~~14. What does your agency do to address these causes?~~

**14. Describe your target population as specifically as possible.**

*By Florida Statute (as indicated above in answer to question 11) RHN serves all those in the rural Monroe County "to the extent feasible". RHN specifically targets low income households, the homeless and uninsured residents of Monroe County, FL. Specifically, RHN attempts to target those at 100-250% of poverty level, according to the most recently published guidelines from Health and Human Services (HHS). Primary care is provided from age groups - newborn to senior adulthood, with either direct or referral care. Dental health care is provided by direct RHN services from three clinics and mobile outreach to children, starting age 24 months, to senior adulthood. This is done without regards to ones age, gender, sexual preference, religion, color, creed, nationality, etc.*

*After focusing on the oral health care and successfully establishing a four tier program throughout the county ( three clinics and one outreach program), RHN is now preparing itself to effective tackle the "primary" care issues in a similar manner and approach.*

*The 251-400% (of poverty) group is also a new target population, as county residents are struggling (through job losses, pay and benefit reductions and housing losses). The economic recession has hit our county as well as the across the country.*

*For general information and clarification, items related to the Federally Qualified Health Center (FQHC) and that particular Federal Funding allocation can only be used addressed to the specified catchment area (south of the 7 mile bridge to and including Key West).*

**15. How are clients referred to your agency?**

*RHN receives clients through direct referral from all of its partners and relative agencies, such as the Florida Department of Health, the Monroe County Health Department, the Department of Juvenile Justice, Monroe County Social Services, Florida Department of Children and Families (and their associated agencies), Lower Keys Medical Center, Fisherman's Hospital, Mariners Hospital, faith based networks, the Southernmost Homeless Assistance League, the local private practices, and the community-at-large. In addition, we utilize local advertising venues, including newspaper ads, radio ads, bus shelter ads, and brochure and flyer distributions.*

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

*All Clients are screened as to their respective eligibility at intake, and based on income documentation provided (most recent tax statements), are assigned to the sliding fee scale, from 100-250% of poverty (currently in 10% increments from 100-200% and then 201-250%). Clients at or above 251% of federal poverty are recorded as full-pay clients. (Our full pay is extremely discounted from the private pay services within the county.) Federal guidelines do not apply at or above 251%. Client's financial records are reviewed and updated annually. Clients from the 251% - 400% poverty levels are the new and growing segment in the Monroe population that struggle to survive in this weak economy. Our extremely reduced rates are able to help them receive the care they need without them neglecting their own personal healthcare.*

*During periods of extreme hardships our Board of Directors has allowed, at the request of the RHN CEO, to accept proof of income using such items as those on food stamp program, unemployment check stubs, etc. Understandably one's economic situation in today's economy can go quickly from good or OK to poor quickly. RHN wanted to have the flexibility in hard times to use other sources to fairly qualify a person's current economic status. Our Board allowed this as a temporary "stop gap" measure to help those in need.*

*Also we are checking into the Federal Income Verification System (aka IVES) and the State of Florida, DOH's WAGES system to help verify client's income.*

*FYI: FQHC guidelines are similar but do provide very specific approaches and outcome measurements that are specific for that particular grant.*

17. Describe any networking arrangements that are in place with other agencies.

*RHN maintains a Memo-of Understanding (MOU) with the Guidance Clinic of the Middle Keys to accommodate transportation disadvantaged clients and referrals to the clinic site, while referral MOU's are in place with Mariner's and the Lower Keys Medical Center. A contract-for-services for HIV-AIDS dental patients exist between RHN and the Monroe County Health Department. MOU's are current with the County's Housing Authority, County Social Services, the Homeless Coalition (SHAL), the Department of Juvenile Justice (DJJ), and the various faith based networks, as well as indirectly with Aids Help.*

*RHN has previously partnered with the Monroe County Health Department, in their (MCHD) Plantation Key facility, to bring greater access and coordination to health care in Monroe County. We hope to further expand this relationship in the Lower Keys and to other locations as needed and/or required.*

*RHN is also working with the CEO & COO of Lower Keys Medical Center, to develop the floor plan for the health center at the DePoo Bldg. to provide full-time primary care services in collaboration with the Hospital. As indicated earlier, RHN has established multiple MOU and MOA's with many of the essential organizations to work collaboratively on our Community Health Project, aka Lower Keys Community Health Center, for grant funding for the FQHC.*

*We have been contracted by the Monroe Juvenile Justice (for past three years) to provide primary care and dental care to incarcerated juveniles. Please note that that specific contract provides its own revenue stream and does not receive funding from any other source. We have contracted with the Monroe School Board (Head Start Program) for three years to provide dental care. We also have an ongoing MOA with the Monroe County School District to provide dental sealants and oral assessments to the 2<sup>nd</sup> and 7<sup>th</sup> grade school children of Monroe County.*

18. List all sites and hours of operation.

As of this application;

RHN operates:

**Tavernier:** RHN operates (since Sept. 2010) a 40 hour per week dental care clinic in the Upper Keys (Tavernier), at 91555-Suite 1, Overseas Hwy., Tavernier, Florida 33070. Hours are Monday-Friday, 8 am-5 pm. (RHN has had a presence in Upper Keys since 1999) We also have a referral network established with other local organizations to better serve that population, including the Good Health Clinic, Mariner's Hospital and the Monroe County Health Department.

**Marathon:** RHN operates a 40 hour per week dental care clinic in the Middle Keys (Marathon), at 2901-Suites 1& 2, Overseas Hwy., Marathon, Florida 33050. A limited & restrictive primary care clinic also has been offered at this location. Hours are Monday-Friday, 8 am-5 pm. (RHN has had a presence in Marathon since 1999) We also have a referral network established with other local organizations to better serve that population.

**Ramrod Key (Lower Keys):** RHN has an administration office in Ramrod Plaza located at 27225 Overseas Highway, Summerland Key, FL 33042 Administration hours for public access are Monday-Friday, 8 am-6 pm. (Actual working hours have been Monday-Saturday 7 am - 9pm)

**Key West:** RHN operates a third, 40+ hours per week dental care clinic in Key West. Located at 1010 Kennedy Drive, Suite 307, Key West, Florida 33040. Hours are Monday-Friday, 9 am-6 pm.

**Lower Keys & Key West: FQHC- Community Health Center:** RHN is planning to open (late autumn) a Federally Qualified Community Health Center (or Look-a-Like) to be located by donated In-Kind space from the LKMC at the DePoo Hospital at 1200 Kennedy Drive (one block from our existing dental clinic). The intent is to have a 40+ hour primary care clinic and complete referral service center with a full complement of community partners.

RHN works to support, by way of referrals, with the Monroe County Health Department in its primary care clinics and Womankind's clinic. (RHN has had a primary care presence in the Key West area from 1999-2006. In 2006 our clinic at St. Clair's closed, however patients were seen at the DePoo Primary Care Center with Dr. Covington's practice. We are currently working on funding grants to support more extensive efforts at the DePoo Hospital. (RHN is working with the Lower Keys Medical Center to provide primary care services in conjunction with the Lower Keys Hospital.)

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

Rising gasoline prices make county wide agencies more costly to operate. FQHC's require monthly board meetings, drastically increasing the cost associated with conducting more meetings (especially given the demands of the FL Sunshine laws in relation to conducting meetings at one location across a 120 mile stretch!)

This project anticipates that there will be an escalation in costs associated with this service over time, as the cost of hiring/contracting for a fulltime dentist(s) are high, as are the costs associated with ancillary assistance (e.g., dental hygienists, skilled dental assistants), and housing associated with those personnel. Many dental professionals can earn more in other areas of the state, where the cost of living and housing are more modest, and pay may actually be higher. In general, the cost of doing business is increasing at an alarming rate. From gasoline to medical supplies, RHN is faced with escalating costs. As the Federal Government, State Government, Local Government(s) and private enterprise (s) attempt to recover from fiscal miss-management, RHN continues to monitor its income and expenses and adjust accordingly. In addition, RHN has committed itself to work with its' community partners to find better ways to deliver its services (i.e.; our partnership with the

Monroe County Health Department, the Department of Juvenile Justice, the Guidance Clinic, Womankind & our working relationship and pending partnership with the Lower Keys Medical Center). This project will respond to this awareness through fair but accurate patient fee collections (part of our "**fair share**" concept), increased dependence on local fund-raising efforts, and the aggressive pursuit of renewable federal and state grants.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

*(If applying for \$5,000 or less, a response to question #20 is not required.)*

*Spiraling health care costs in all areas of care make funding a unique challenge for RHN. The health care costs in the US are anticipated to rise to 20% of the GNP at 7% per year (NACHC Newsletter, 2/27/06). Securing and maintaining the best practitioners at reasonable market cost is presently difficult and will become more challenging with time. The sustainability efforts will form the core of this organization's plan to sustain operations and services through and beyond the next 2 years.*

*RHN has cut administration down to a minimum. Many positions have been eliminated. For example, the CEO, Program Development, Community Outreach & IT positions have been combined into one position. COO duties have been given to our Health Services Director and CFO duties given to our Finance and Property Director. Medical students are utilized wherever and whenever possible to eliminate overstaffing, but not at the risk of sacrificing sound medical integrity. Front desk and assistant duties have been combined to reduce any possible excess staffing. Case management duties are often assigned to hygienists and registered nurses. A challenge that still exists is the need to expand our administrative base. RHN has been criticized in the past (and at times rightfully so) for being administratively top heavy. Since 2007 RHN has restructured itself to provide more services to more people than prior to mid 2007. In fact, today we provide about 4 times the services in many more locations (county wide 40+ hours at each location) and do it much more cost effectively, with a very lean administration. That being said, we are at the stage where we need to add program development staff and maintenance crews to continue to provide the funding and support necessary to keep RHN running at peak performance.*

*Partnerships and collaborations are the key to our continued success. RHN has developed partnerships with the Guidance Clinic of the Middle Keys and shares, and has shared for years, HRSA Outreach grants with that organization. In addition, RHN has developed stronger relationships with the Monroe County Health Department, the Monroe County School District, the Department of Juvenile Justice and the Lower Keys Medical Center, in which bringing better health care services to the Monroe community has been set as the priority. Our goal is to provide better access to health care and at fair and affordable rates for our community. RHN has, and will continue to apply for relevant grants to fund our mission. It should be noted, however, that many grants require matching funds, and/or have an expectancy of solid local support and local financial contributions.*

*The short answer is to work harder, more efficiently, more productively, advertise, and go after the grants that will support our organizational and community efforts. What is amazing is that only 15% of our entire budget comes from Monroe County. That means that for every \$ 15 dollars the county gives in support to Rural Health Network we have been able to give an astounding 85% return of the county's investment.*

21. How are clients represented in the operation of your agency?

*Clients originating from the direct care service delivery pool represent a portion of the RHNMC Governing Board membership, commonly called consumer members. As we have recently restructured our board in anticipation of the FQHC (Federal Grant) our Governing Board will be consumer dominated by mid-summer.*

*Also confidential surveys are done with our patients and presented at periodic board meetings. Our clients / patients are our residents, neighbors, visitors and community guest(s). Our services are here for their well being. Their opinions are important to our operation as a health care provider. We are developing new survey mechanisms through Google and Survey Monkey that will also aid RHN in client feedback.*

*All Governing Board members are residents of Monroe County.*

**22. Is your agency monitored by an outside entity? If so, by whom and how often?**  
*(If applying for \$5,000 or less, a response to question #22 is not required.)*

*Yes. RHN is monitored annually by the FL Department of Health: Office of Rural Health. Reports are delivered to them five times a year and we are visited periodically by their staff. The Monroe County Health Department, by virtue of our contract with them (concerning services we deliver through their Ryan White Grant) monitors our clinics periodically. RHN also hires an accounting firm, specializing in not-for-profits. In addition, licenses are administered by the Agency for Health Care Administration (AHCA) and by the Florida Board of Dentistry.*

*Also each grant, whether federal or foundation, monitors the use of its funding and the specific outcomes of the projects proposed.*

*FQHC's are specifically monitored by the grant funding agency and the Bureau of Primary Care.*

**23. \_\_\_\_\_ hours of program service were contributed by \_\_\_\_\_ volunteers in the last year.**

*240 hours of program service were contributed by 10 volunteers in the last year.*

*Program Development committee volunteer service hours ( 1 meeting per month)= 10 members x 12 mtgs x 2 hrs/mtg = 240 hrs. These hours included such tasks as brochure designing, preparation and dissemination.*

*Additionally, our staff has provided hundreds of hours of unpaid (gratis) service to RHN for such items as location relocates, grant writing reviews and purchasing reviews (for the best in buying power), health fairs and similar events, and document filing and destruction duties as needed.*

*Statistically, our 2.25 FTE administrative staff, which is 11% of the RHN labor workforce, put in 23% of the total labor hours (calendar year 2010). A normal 40 hour work week for 52 weeks yields 2080 work hours. The CEO ( 1 fte) logged in 3,582.22 hours, equivalent to 1.73 fte. The CFO (1 fte) logged in 2,112.56 hours and the COO (1 fte) logged in 2762 hours (with .25 fte going directly to administration and .75 fte going to clinical services).*

**24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?**

**No.** *However, under Florida law, the services of a FL licensed dentist performed for another entity (such as RHN) must be performed on a contractual basis. Any licensed dentist utilized by RHN will be contracted by RHN to perform basic dentistry duties. The licensed dentist has clinic control of their particular dental clinic. FYI: once again FQHC's have guidelines that often trump state and local guidelines and regulations. In this particular case they can directly hire specific staff that may not be allowed by state statutes otherwise.*

**25. What measurable outcomes do you plan to accomplish in the next funding year?**

*This project anticipates serving no less than 7,500 unduplicated dental patients per year, and will experience well over 15,000 patient visits in our dental clinics. In addition, we anticipate an*

additional 2000 hours of hygienist work, education and case management. In addition, we anticipate a level of primary care patients to be approximately 7,547 total "fee- for- service" patients. Variables in this are, of course, funding availability, FQHC or FQHC look-alike status, and on-going working relationships with current partnerships and community providers.

A measurable outcome for this project is that 95% of clients randomly sampled per year (N=100) will state that the overall services received from the dental program were "good" or "excellent". Our dental sealant program will provide an additional unduplicated patient base of 1,231 students to our outreach program(s).

**26. How will you measure these outcomes?**

*(If applying for \$5,000 or less, a response to question #26 is not required.)*

The measure will be determined through an analysis of service utilization, patient flow and random sampling throughout the fiscal year, via survey questionnaires. We have developed an on-line survey/questionnaire that can be filled out via our website. In addition, we allow anonymous comments to be made (with complete discretion) at our clinics, for purposes of providing top rated services and high levels of quality control. Specifically for our Sealant Program, RHN utilizes the CDC "SEALS" statistical database and reporting software program and documents the costs and analysis portion of the information for our outreach sealant project. Our clinics utilize practice management software that gathers demographic and statistical data of the patients visiting each or the three clinics currently in operation. Primary Care facilities will use data specific electronic medical records/electronic health records that are specifically geared to fulfill the mandates of the project and outcome measurable data that is required.

As mentioned in answer 21 a more formalized survey initiative will be introduced to collect data from clients.

**26. Provide information about units of service below.** *(If applying for \$5,000 or less, a response to question #26 is not required.)*

Service (clinic provided)	Unit (hour, session, day, etc.)	Cost per unit (current year)
Dental Care (screenings, exams, x-rays, tooth extractions, periodontal care, dental sealant applications, oral health education, cleanings, fillings, dentures.)	1 hour	\$125/unit (@ 2,000 hrs/yr x 4 dentists (3 clinics), and a total project cost of \$1,000,000 yr) \$125/unit x 8000 units or hours=\$1,000,000

Service (clinic provided)	Unit (hour, session, day, etc.)	Cost per unit (projected Year)
Exams, physicals, basic limited primary health care	1 hour	\$125/hour (based on federal guideline numbers). Historically our patient number countywide was 7,097. Our projected CHC number is 7,547 @ 125/1hr visit (minus various collection ratios- that's a book in itself) yields \$ 640,412



27. In 300 words or less, address any topics not covered above (optional).

Since 1999 Rural Health Network of Monroe County has seen over 22,000 patients and is today the medical home for around 15,000 residents, by providing primary medical/oral health care. That number represents about 20% of the population of the county. In the field of oral health care, RHN has successfully provided dental care to the uninsured since January 2003. In the past 8-1/2 years, it has successfully established cooperative relationships, and in some cases, partnerships with various entities in Monroe County.

This county has around **46% of its population as uninsured** residents (those that have no health care coverage at all). There are many more that do not have an oral health care provider and oral health care insurance. To date, **Rural Health has become the oral health care provider and home** to approximately 12,000 Monroe Residents (and visitors). Over the next few years that number will increase.

Today RHN is gearing up to provide even more effective and efficient services, including the better coordination of services and economies with partnering organizations. We definitely need the continued support of the County Government. Of the funding RHN has budgeted in its 2010-2011 FY budget, the monies from the county (\$60,000 HSAB & \$ 273,600 Line Item) is represented as 15% of our budget. For the \$333,600 the county invested in RHN, it received an 85% ROI or return on investment within that budget.

RHN appreciates the recognition and support given to this project by the County Commission (Line Item funds) and the HSAB over all of the years of its existence. If we, as a community, are to curb this potential health crisis, we must continue to act and without reserve. By providing basic, and often comprehensive health care exams and service(s), we as a community, can alleviate the over burdening of our emergency rooms & educate the population as to the benefits preventative health care.

Our request here is for the continued support our oral health clinical services, primary health services and administrative support services to allow us to continue to better serve our community.

### **Required Attachments**

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.



## ATTACHMENT CHECKLIST

<b>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE</b> <b>IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN</b>	<b>ATTACHED?</b>		<b>COMMENTS</b>
	<b>YES</b>	<b>NO</b>	<b>You must explain any "NO" answers</b>
A. Board Information Form	YES		
B. Agency Compensation Detail	YES		
C. Profile of Clients and Services	YES		
D – F. Financial Information	YES		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	YES		
H. Copy of IRS Form 990 from most recent fiscal year	YES		
I. Copy of current fee schedule	YES		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	YES		
K. Copy of Current Monroe County and City Occupational Licenses	YES		
L. Copy of Florida Dept. of Children And Families License or Certification		NO	not applicable
M. Copy of any other Federal or State Licenses	YES		
N. Copy of Florida Dept. of Health Licenses/Permits			
O. Copy of front page of Agency's EEO Policy/Plan	YES		
P. Copy of Summary Report of most current Evaluation/Monitoring *	YES		
Q. Data showing need for your program (optional, see question 7)			
R. Other (specify) TWO PAGE LIMIT	YES		

\* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

## 2011

Rural Health Network of Monroe County FL, Inc.

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

[illegible]

**\*\*ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS**

(Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

## ATTACHMENT B - AGENCY COMPENSATION DETAIL

Please note changes for FY2008 - see instructions.

2011

Include each position in the entire agency.

Rural Health Network of Monroe County FL, Inc.

Put an "X" next to each position directly related to program for which funding is requested.

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

Position Title		Proposed - Upcoming		Projected - Current Year	
		Year Ending:		Ending:	
		6/30/2012		6/30/2011	
	"X"	# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Administration - Chief Executive Officer	x	1.00	90,000	1.00	90,000
Administration - Chief Financial Officer	x	1.00	50,000	1.00	36,000
Administration - COO @ 25%	x	0.25	17,500	0.25	17,500
Clinical - COO @ 75%	x	0.75	52,500	0.75	52,500
Clinical K W - Dentist CONTRACT		0.25	42,000	1.00	126,000
Clinical K W - Dentist CONTRACT		1.00	126,000	0.25	31,500
Clinical K W - lead Dentist CONTRACT		1.00	150,000	0.25	31,500
Clinical K W - Hygienist	x	0.25	18,720	1.00	69,888
Clinical K W - Hygienist	x	1.00	79,040	0.25	17,160
Clinical K W - Dental Assistant	x	1.00	43,680	1.00	37,440
Clinical K W - Dental Assistant	x	1.00	37,440	1.00	31,200
Front Desk K W - Front Desk/HE	x	1.00	28,000	1.00	35,360
Front Desk K W - Front Desk/HE	x	1.00	37,000	1.00	23,296
Clinical Marathon - Dentist CONTRACT		0.25	42,000	1.00	126,000
Clinical Marathon - Dentist CONTRACT		1.00	132,000	0.25	31,500
Clinical Marathon - Hygienist	x	0.25	18,720	0.25	17,160
all 3 clinics - Dental Assistant FLOATER	x	1.00	37,440	1.00	29,120
Clinical Marathon - Dental Assistant	x	1.00	37,440	0.67	19,418
Front Desk Marathon - Front Desk/HE	x	1.00	28,000	1.00	24,960
Clinical Tavernier - Dentist CONTRACT		0.25	42,000	1.00	126,000
Clinical Tavernier - Dentist CONTRACT		1.00	136,000	0.25	31,500
Clinical Tavernier - Hygienist	x	0.25	18,720	0.25	17,160
Clinical Tavernier - Dental Assistant	x	1.00	37,440	1.00	20,800
Front Desk Tavernier - Front Desk/HE	x	1.00	28,000	0.50	24,960
Dental Sealant Director		0.25	18,500	1.00	18,500
Dental Sealant - Dentist CONTRACT		0.62	92,416	0.50	52,416
Dental Sealant - Dental Assistant		0.33	12,474	0.33	9,702
Dental Sealant - Hygienist		0.25	18,720	0.25	17,160
Medical Director		0.10	12,000	0.10	12,000
Nurse Practitioner - DJJ		0.50	34,200	0.50	31,252
Physician	x	0.50	70,000	0.00	0
ARNP	x	0.50	46,000	0.00	0
RN	x	0.50	26,000	0.00	0
Payroll - extra staffing needs as may arise		1	70,000	1.00	70,000
CHC- Med Dir/Phys/NP/RN/CN/Desk		0.00	0	0.00	0
<b>Fringe Benefits * not on CONTRACTS</b>					
SS/Med @ 7.65			74,016		55,274
Worker's comp/Unempl Insur.			35,527		30,527
<b>Totals</b>	<b>20</b>	<b>23.05</b>	<b>1,839,493</b>	<b>20.60</b>	<b>1,364,753</b>

2011

*This attachment has changed; please refer to instructions.  
Delete or type over sample information shown.*

**Rural Health Network of Monroe County FL, Inc.**

List Services Here	Target Population*	# of Persons in Target Population	Area	Days/Hours	Cumulative # of Clients for Year Ending 12/31/2010	Current # of Clients ("snapshot") as of 03/16/2011
Oral Health care	Primary target population: Males, Females, Adults, Children, age 2 to elderly (senior adults) from low income & uninsured households (<250% of federal poverty guidelines)	20,000+ (46% of entire Monroe is uninsured)	county-wide	Weekdays 8:00 am- 6 pm	11,119	40
Oral Health care- Dental Sealant Outreach Program	School Children in grades 2 & 7 in Monroe County	1,200 est each year for grade 2 & 7	county-wide	weekdays 7:00 AM - 3:00 PM, during school open session	1,127	43
Primary Care Service, including physicals, screenings, referrals, etc.	Primary target population: Males, Females, Adults, Children, newborn to elderly (senior adults) from low income & uninsured households (<250% of federal poverty guidelines)	20,000+ (46% of entire Monroe is uninsured)	county-wide, with new focus on Lower Keys and Key West	Marathon Weekdays Tuesdays + Thursdays 8:00 am- 5 pm	3,227	13
Department of Juvenile Justice- Oral and Primary care for incarcerated juveniles	Incarcerated juveniles	18% of 72,423 or approx. 13,004 based on 2008 census	Key West Juvenile facility	24/7	N/A	12
				Also referrals from our Oral Health Clinics and Outreach through our screening programs		
Unduplicated Clients for Entire Agency <i>(see instructions - this is not a total of the numbers above)</i>					11,119	43

based on area of  
service with  
highest count -  
different databases

\*Please indicate the residency of persons served

**Entire Agency:** Because our data base is separate for each area of service we have no way to verify, for example is a patient that received primary care also received dental care, or if a juvenile at the justice center is receiving oral care.

2011

**Rural Health Network of Monroe County FL, Inc.**

**Show the proposed budget detail for the County funds requested.**

***The total must match with the total funding requested.***

	<b>Proposed Expense Budget for Upcoming Year Ending:</b>	
	6/30/2012	
<b>Expenditures</b>	<b>Total</b>	<b>%</b>
Salaries (see below)*	273,600	100.0%
Payroll Taxes		0
Employee Benefits		0
<b>Subtotal Personnel</b>	<b>273,600</b>	<b>100.0%</b>
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
(FL State Law requires contract dentist)		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
*of the 23 persons on payroll the \$ 273,600 covers		0
currently percentages of 9 staff members. From 25 %		0
on 3 staff, 30% on 1 staff, 50% on 1 staff, and		0
100% on 4 staff including .0765 in payroll taxes		0
		0
<b>Total Expenses</b>	<b>273,600</b>	<b>100.0%</b>

# ATTACHMENT E - AGENCY EXPENSES

2011

Rural Health Network of Monroe County FL, Inc.

Complete this worksheet for the entire agency.  
Please round all amounts to the nearest dollar.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2012		6/30/2011	
Expenditures	Total	%	Total	%
Salaries	967,534	32%	722,536	33%
Payroll Taxes	74,016	2%	55,274	3%
PR Insurances	35,527	1%	30,527	1%
<b>Subtotal Personnel</b>	<b>1,077,077</b>	<b>36%</b>	<b>808,337</b>	<b>37%</b>
7000 Grants, Contracts & Assoc. Exp.	13,256	0%	13,256	1%
7515 Interest Expense	17,030	1%	17,030	1%
7520 Audit, Bank & Accounting	20,089	1%	20,089	1%
7530 Legal Fees	17,771	1%	17,771	1%
7550 Contract Labor - Dentists	762,416	25%	556,416	26%
7500 Other Service Expenses	14,117	0%	22,117	1%
8110 Supplies (Office, Dental & Other)	158,386	5%	158,386	7%
8120 Dental Labs (outsourced)	96,737	3%	96,737	4%
8130 Telephone & Telecommunications	26,252	1%	15,656	1%
8100 Other Non-Personnel Expenses	4,166	0%	4,166	0%
8210 Rent, Parking & Occupancy	185,400	6%	153,317	7%
8212 KW Clinic Assoc. Fees	28,564	1%	28,564	1%
8220 Utilities	21,527	1%	17,527	1%
8200 Other Facility & Equipment	9,458	0%	89,458	4%
8300 Travel & Meeting Expenses	31,174	1%	31,174	1%
8520 Insurance Non-Employee	36,054	1%	36,054	2%
8570 Advertising (promo/classified)	60,000	2%	60,000	3%
8500 Other Expenses	4,593	0%	4,593	0%
8600 Business Expenses - Bad Debt	2,902	0%	2,902	0%
IT software Upcoming Grant Opportunity	300,000	10%	0	0
8524 Dntl Equipment Repairs and Maint	66,797	0.02225	0	0
Reserve	48,354	2%	7,584	0%
<b>Total Expenses</b>	<b>3,002,121</b>	<b>100%</b>	<b>2,161,135</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>0</b>		<b>0</b>	



## ATTACHMENT F - AGENCY REVENUE

2011

Complete this worksheet for the entire agency.

Rural Health Network of Monroe County FL, Inc.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	6/30/2012			6/30/2011		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County (HSAB)	60,000	0	2%	60,000	0	3%
Monroe County (old line item)	273,600	0	9%	273,600	0	13%
Key West	0	0	0%	0	0	0%
Marathon	7,000	0	0%	5,400	0	0%
Islamorada	0	0	0%	0	0	0%
Layton	0	0	0%	0	0	0%
Key Colony Beach	0	0	0%	0	0	0%
Client fees	2,000,000	0	67%	1,500,000	0	69%
Donations & fundraising	3,500	0	0%	3,500	0	0%
Sheriff Shared Asset	7,946	0	0%	5,800	0	0%
List all others below		0	0%		0	0%
Dade Community Foundation	2,000		0%	2,000		0%
Dept. Juvenile Justice	98,320	0	3%	46,080	0	2%
Health Foundation S. FL	70,000	0	2%	60,000	0	3%
HRSA IT Grant Upcoming Grant Op	300,000		10%	0		0%
Hospital Dues	15,000	0	0%	15,000	0	1%
HRSA Dental Sealant Grant	100,000	0	3%	125,000	0	6%
Interest - Bank Account	1,200		0%	1,200		0%
Office of Rural Health	63,555	0	2%	63,555	0	3%
Refunds			0%	0		0%
			0%			0%
FQHC Grant - LKCHC			0%	0		0%
FQHC Funding Support - LKCHC			0%			0%
LKCHC - DePoo Space LKMC			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			100%
<b>Total Revenue</b>	<b>3,002,121</b>	<b>0</b>		<b>2,161,135</b>	<b>0</b>	

# BOARD MINUTES





**Rural Health Network of Monroe County, Florida, Inc.**  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050  
*Funded in part by the Florida Department of Health*

---

*Minutes of January 25, 2010 RHNMC Governing Board Meeting*  
Marathon Garden Club  
5270 Overseas Hwy., Marathon, Florida 33050

**Call To Order:** at 9:15 am by Vice Chair Robert Luse

**Verification of Quorum:** Daniel Smith, CEO verified that we did have Quorum.

Present were; Daniel Smith (CEO),

Board directors; Robert Luse, Lynn Mauck, David Oatway, Dirk Smits, Chris Clark, Sylvia Murphy, Marney Brown, Jack Bridges, & Dorothy Clever. Chair Lori Denues had signed a proxy vote on the agenda for items of discussion, as she was ill and could not make the meeting. Director Liz Kern called that morning and apologized for not being able to make the meeting, but said if necessary she could be available via telephone.

**Agenda & Approval of Minutes from 10/19/2009:** A motion was made by Chris Clark, and seconded by Commissioner Sylvia Murphy after a brief discussion and approval to remove the terminology "consent" from the agenda. Also CEO Daniel Smith asked to add item "N" to the agenda concerning new office space. All were in favor, after no further discussion the motion was approved unanimously.

**Old Business:**

Dan Smith discussed the clinic locations and status of each clinic, handing out an updated organization chart and service area map. The chart and map displayed the current locations and status of the clinic sites and any proposed changes to the sites. The organizational chart also showed the current and proposed changes to the RHN staff. Other handouts included RHN's income statement & balance sheet (December 31, 2009), the latest marketing materials (appointment calendars and magnetic calendars), RHN's most recent brochure, RHN Board member listing, agenda (01/25/2010) and minutes (10/19/2009), references to the policies and procedures that were changed (with a complete set available for reference).

**New Business:**

Dan Smith discussed the following items;

- 1) Dirk Smits pointed out that his election to the board had expired (12/31/2009). He stated his desire to be re-elected to the board. After a brief discussion to add Dirk on the agenda, a motion was made by Chris Clark and seconded by Silvia Murphy to place Dirk's extension to the board on the agenda and extend Dirk Smits board membership. All were in favor, after no further discussion the motion was approved unanimously.
- 2) Election of Jack Bridges and Dave Oatway. Two appointed board directors were recommended to be approved as elected members of the board. After a brief discussion to merge the two elections to one motion, a motion was made by Silvia Murphy and seconded by Lynn Mauck to place both appointed directors to the board as elected members. All were in favor, after no further discussion the motion was approved unanimously.

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



Rural Health Network of Monroe County, Florida, Inc.  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

- 3) CEO Daniel Smith then discussed the County Funding for FY 2010 (sharing with the board the county approved dollar amounts that we awarded and the Sheriff's Shared Asset Forfeiture Fund proposal that was upcoming (which was going to be a request for \$10,000 to work as a match towards the dental sealant grant).
- 4) CEO Daniel Smith then discussed the 2009-2010 RHNMC budget, asking for approval. The subject of an unfilled "administrative assistant" position became part of the discussion. After much discussion the board members wanted the position to be a Chief Financial Officer (CFO) position, with a salary ranges from \$ 40,000-\$50,000 per year. Prior to approving the budget a motion was made by Sylvia Murphy and seconded by Dirk Smits to change the budget line item 38 to read CFO and the dollar amount to read at the top level of \$ 50,000 (a maximum amount for the position and for the budget). Prior to the motion, a discussion and decision was made asking the CEO to email the job descriptions for the CEO and for the open CFO positions to all board members. An advertisement would then be placed and when ready, the executive committee would screen the applicants and a decision would be made by the executive committee and the CEO. All were in favor, after no further discussion the motion was approved unanimously. A motion was then made by Dirk Smits and seconded by Jack Bridges to approve the slightly modified budget (putting it \$10,000+ out of balance with the \$40,000 to \$ 50,000 change, should the CFO position go to \$ 50K). All were in favor, after no further discussion the motion was approved unanimously.
- 5) The CEO presented the board with the updated policies and procedure manual, with changes made (marked in red) as forwarded by our corporate accounting firm; Smith, Ortiz, Gomez & Buzzi, PA. Julio Buzzi made the changes to reflect the current and mandated issues related to non-profit policies and procedures. These are mandates are from the federal level. After a discussion as to the need to add more signers to the disbursement account, to return to two signatures on checks and Lynn Mauck not being comfortable with what he read from Julio's adjustments to the policies and procedures, the board decided to postpone a vote on the changes. They board asked the CEO to email the requested changes to the board member and the complete policy manual as it is with the changes made in the financial section. (This was done that afternoon) After a discussion as to the bank requiring the board minutes to modify the checking account, Jack Bridges suggested that the board pass a resolution allowing the changes to the Orion (Iberia Bank) account, adding the signatures of Bob Luse, Lynn Mauck and Dorothy Clever, hoping to expedite the process. A motion was then made by Dirk Smits and seconded by Chris Clark for the board to pass a resolution allowing the CEO to have the bank modify the account to add the aforementioned to account as authorized signers and making it a two signature account. All were in favor, after no further discussion the motion was approved unanimously.
- 6) The CEO presented the board with the 990 tax filing and the financials, from July 1, 2008 through June 30, 2009 (completed and signed on 12/31/2009). With little discussion, a motion was made by Jack Bridges to approve the financials and seconded by Silvia Murphy. All were in favor, after no further discussion the motion was approved unanimously. (A complete set was emailed to each board member that afternoon)
- 7) The status of the City of Marathon awarding \$ 3,000 to RHNMC was discussed and the status of the Key West dental clinic was discussed. No major issues or changes.

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation      FEIN 65-0474953



Rural Health Network of Monroe County, Florida, Inc.  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

8) Item "I" on the agenda was discussed relating to the potential of acquiring around 1400 sq. ft. of space a Pink Plaza or another area (one in Tavernier) to place a dental clinic and possibly a primary care clinic. The space would be about \$2,000 per month. The Upper Keys directors thought that a dental clinic would be great asset and that Key Largo would be the best place for the clinic. There was a question raised as to the need of a primary care facility, as the health department in Tavernier (almost Islamorada) is currently handling the patient load of RHNMC's (old med van primary care patients), due to funding cuts by the Health Department in our one year joint venture. The CEO agreed that he would discuss the primary care issue with director Bob Eadie of the Health Dept. for his input. Most board members agreed that the space in Key Largo was a good choice, especially since it is already plumbed (as Mariners Hospital) directly and/or indirectly use to utilize the space. The CEO reminded the board that the third dental clinic is part of an already board approved strategic plan.

9) A discussion was lead by the CEO as to the potential (once again) of serving the Lower Keys at the DePoo Hospital clinic's primary care facility. The CEO pointed out the Meylan had referred a medical doctor, who could put in around nine months a year at the clinic at a reduced salary somewhere between \$ 50-60,000 per year. Lynn Mauck raised the question of what would happen for the other three months. (Great question.) The CEO said that it most likely would be filled by either the current Medical Director, Dr. Covington (doing his two days) or by a nurse practitioner (if one was used instead of an RN). It was also pointed out that the doctor in question would be out during the "out-of-season" time, where clinic patient levels may be at their lowest levels (maybe). There would still be the need to budget the doctor's salary and the salary of a clerk and RN (or ARNP). The CEO pointed out that grants are available but take time to write and be awarded. Then there is still the issue of getting all the potential players together for a round table discussion as how to move forward and how to delegate responsibilities to make it happen. Dave Oatway gave his input on the situation and to the idea of also setting up a clinic in Stock Island to support the homeless and indigent.

10) The CEO next discussed the Juvenile Justice contract and that all was working well. Our ARNP (Elizabeth Anne King) is putting in 20 hours per week at the facility as a nurse and Dr. Jerome Covington was contracted as their medical director. A concern was brought up by Lynn Mauck about Anne King's limited ARNP license. The CEO mentioned that Anne, Dr. Covington, RHNMC and RaiEtte (DJJ) are well aware of Anne license and its limitations and are utilizing Anne within those limits. Lynn had expressed this concern at a couple of other board meetings and was assured then that RHNMC, doctor Covington and Anne know of her nurse practitioner limits. Anne has never been asked to go outside those limits and to all knowledge has not done so.

11) Concerning item "L", the CEO brought up (once again) the issue of the medical van; concerning its limited use and its dire need for service. The CEO mentioned that the van was not being used for direct care services. The idea of using it for dental sealants was scrapped due to the cost of insurance, a driver (and its inherent risk), and the fact that the sealant program is only at the schools for about 10 weeks a year. It has been parked and unused for months. The insurance was dropped after it was moved to its current resting place in our Marathon parking lot. The CEO request that it be put up for sale and we go for the best offer. Feelers were put out about 6 months ago to the other RHN's with one possible bite (the guess sale price would have been about 40K). The CEO expressed to the board that he had discussions in the past with AHEC and the Health Department to see if they had any need or interest. At this point no one and no agency or business entity has

Administration: 305-289-8917, ext 101 & fax 305-517-6617

Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;

Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmcc.org](http://www.rhnmcc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



Rural Health Network of Monroe County, Florida, Inc.  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

shown an interest. Back in the days of Mark Szurek he recognized the limits of the van, its ongoing wear, and lack of funding to maintain. After some discussion Dirk Smits stating that he hated to see it go (as it had supported RHN and the patients so well in the Upper Keys) the board decided to postpone a vote on its sale. The board asked the CEO to extend the research to see what needed to be repaired and what the cost would be to keep the van and what we could get for it if we sold it.

12) In reference to our outreach programs; their hours, services and any changes. Our dental sealant program (more than 3/4 completed) was discussed as well as our child car seat program, kidcare (healthy kids) and tobacco cessation efforts. Reference was also made to our shared grant with WomanKind from the Health Foundation of South concerning cancer screenings.

13) The CEO discussed the new office space in Ramrod Key (next to Boondocks), located at 27225, 27227 and 27229 Overseas Highway, Ramrod Key, Summerland, FL 33042. We have outgrown all current clinic space. The new space is rent \$ 1,500 per month for three combined units totaling 1500 sq. feet. No budget requirements were needed other than the reallocation of funds from other rental sources to this location. The space fits into the directive of the organization and its needs. With the addition of a CFO, the need for staff training space and board room facilities and the need for adequate office and storage space, this low rent addition was a necessity. It sits directly between Key West and Marathon (our two current clinics) and if needed could serve as a primary care clinic location.

Adjournment; after the announcement that our next meeting is scheduled in Mid April (04/12/2010) a motion was made to adjourn the board meeting by Dirk Smits and seconded by Robert Luse. All were in favor, after no further discussion the motion was approved unanimously.

Minutes forwarded via email to board member on January 27<sup>th</sup>, 2010

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



**Rural Health Network of Monroe County, Florida, Inc.**  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

*Minutes of April 12th, 2010 RHNMC Governing Board Meeting*  
Marathon Garden Club  
5270 Overseas Hwy., Marathon, Florida 33050

**Call To Order:** at 9:00 am by Vice Chair Robert Luse

**Verification of Quorum:** Daniel Smith, CEO verified that we did have Quorum.  
Present were; Daniel Smith (CEO), Robert Munson (CFO) *staff*  
Board directors; Robert Luse, David Oatway, Chris Clark, Mayor Sylvia Murphy, Rev. Marney Brown, Jack Bridges, Dorothy Clever, Liz Kern and Andrew Emery for Meylan Lowe-Watler.

**Agenda & Approval of Minutes from 01/25/2010:** A motion was made by Sylvia Murphy, and seconded by Jack Bridges, all were in favor to approve the agenda and the minutes from the last board meeting.

**Business and Challenges:**

Dan Smith discussed the clinic locations and status of each clinic, handing out an updated organization chart and service area map. The chart and map displayed the current locations and status of the clinic sites and any proposed changes to the sites. The organizational chart also showed the current and proposed changes to the RHN staff. Other handouts included RHN's income statement & balance sheet (March 31<sup>st</sup>, 2010), the latest marketing materials, RHN's most recent brochure, RHN Board member listing, agenda (04/12/2010) and minutes (01/25/2010), references to the policies and procedures that were changed (with a complete set available for reference).

1) Item A on the agenda; The election of board officers was called to the Board's attention by Vice Chair, Bob Luse;

Daniel Smith discussed the fact that he had asked the three nominated persons if they would be interested in the positions as indicated on the agenda. Each of the three agreed, that if elected, they would assume the positions as nominated.

Daniel Smith explained that he and Jack Bridges had met for most of the day on April 8<sup>th</sup> to do site visits to RHN's clinic locations in Key West and Marathon (where Jack met the RHN staff) and to its' administration office in Ramrod Key. Mr. Bridges briefly discussed his favorable opinion of the clinics and the office, as well as the RHN staff and management. A motion was made by Mayor Sylvia Murphy and seconded by Chris Clark that Jack Bridges be made Board Chair. With no further discussion and with full agreement the motion was approved.

Next was the nomination of Dave Oatway as our new Board Treasurer. Dave and Daniel had discussed Dave assuming the position if elected and that they would soon thereafter meet to go over necessary details as

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



**Rural Health Network of Monroe County, Florida, Inc.**  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

required. A motion was made by Mayor Sylvia Murphy and seconded by Chris Clark that Dave Oatway be made Board Treasurer. With no further discussion and with full agreement the motion was approved.

Third was the nomination of Dorothy Clever to continue on as our Board Secretary. Dorothy and Daniel had discussed her continuing the position that she had held for the past three years. Dorothy agreed to continue the position if elected. A motion was made by Mayor Sylvia Murphy and seconded by Marney Brown that Dorothy continue on as Board Secretary. With no further discussion and with full agreement the motion was approved.

Jack Bridges now resided over the Board Meeting as Chair...

**Item B; New CFO.** Daniel Smith introduced the new RHN CFO, Robert Munson. He was introduced to each board member and gave a brief introduction of himself and his work background in healthcare and business.

**Item C; County Funding.** Daniel Smith talked about the County funding opportunities, namely the Line Item and HSAB. He discussed last year's funding levels and his hopes that those levels would be sustained in the upcoming County's fiscal budget.

**Item D; SAFF.** Daniel Smith talked about the sheriff's shared asset forfeiture fund and how RHN put in a request for \$10,000 (the Max) and received \$ 5,800.00 (which was a slight increase from the prior year).

**Item E; Finances.** Daniel Smith talked briefly about the income statement and balance sheet, noting that the net loss was a reflection of some clinic expansion and an issue RHN had on March 12 with a Key West power outage and a generator surge that caused \$ 20,000 in damages to equipment.

**Item F; Policies.** Daniel Smith talked about how he and the accounting firm of Smith, Ortez, Gomez & Buzzi, PA (Julio Buzzi) discussed changes to the policies and procedures manual and the new tax laws for not-for-profits. Julio made changes on our policies manual to keep it current with the latest in tax laws. During the January meeting the RHN board delayed voting on the changes until each member had more time to review the manual. It was email to all members directly after the January board meeting. The board members were asked to adopt the changes, as recommended by Daniel Smith and/or Julio Buzzi. A motion was made by Bob Luse and seconded by Dave Oatway. With no further discussion and with full agreement the motion was approved.

**Item G; Key West Dental Clinic.** Daniel Smith discussed the status of the clinic in Key West including the staff and the hours (no changes in either). He also discussed the issue we had on March 12<sup>th</sup> with the Lower Keys losing power and the damages that it costs our agency (approx. \$ 20,000). The expenses are being totaled and submitted to the insurance company for (hopeful) reimbursement.

**Item H; Upper Keys primary care & dental.** Daniel Smith asked the board to allow him to continue to move forward on the possibility of opening a dental (and possibly medical) clinic in the Upper Keys. After much discussion about the need of medical (considering the Health Dept. in Tavernier and the Good Health Clinic in Tavernier) it was determined that RHN should concentrate on the dental portion of the expansion (with

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



**Rural Health Network of Monroe County, Florida, Inc.**  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

possible grants from the Health Foundation of South Florida, potential HRSA funding and possibly purchasing used equipment). It was agreed that Bob Luse would contact Mariner's Hospital and set up a meeting with their CEO, himself, Chris Clark and Daniel Smith to discuss the options available in the Upper Keys related to medical services (primary care). After discussion a motion was made by Chris Clark and seconded by Bob Luse, where it was decided that Daniel Smith could move forward with the agenda of an Upper Keys dental clinic. The medical/primary care would be further investigated between RHN, the Health Dept. and Mariner's hospital; all subject to review of the executive committee. With no further discussion and with full agreement the motion was approved.

**Item I; Key West Primary Care.** Daniel Smith discussed the upcoming opportunity to write a HRSA Network Development Grant to allow RHN to expand the primary care into Key West and to help fund the dental care in the Upper Keys.

**Item J; Key West Juvenile Justice.** Daniel Smith discussed the continuing operations of providing a medical director and a .5 fte nurse at the DJJ. The contract was renewed within the past 2 weeks.

**Item K; Marathon Dental/Primary Care.** Daniel Smith discussed the continuing operations of RHN's Marathon clinic and the upcoming move to 100% digital x-rays, with the investments made into computers and software/sensors for the change-over.

**Item L; RHN Medical Van.** Daniel Smith asked the board last January for permission to sell the Medical Van, as it is not being used and could possibly be helpful to another organization. The board asked to postpone the decision until this April board meeting. Daniel Smith conveyed the offer he made to the Health Foundation of South Florida that he would agree (in theory) to relinquishing the title of the van to the HFSF if they granted RHN the \$ 60,000 towards the Upper Keys dental expansion. On a motion made by Mayor Sylvia Murphy and seconded by Bob Luse, the board agreed to move forward with selling the van. With no further discussion and with full agreement the motion was approved.

**Item M; Outreach Programs.** Daniel Smith discussed the several outreach programs RHNMC has in play. The largest program is the dental sealant program. Mr. Smith mentioned the successful HRSA technical site visit and the results of year one on the program.

**Item N; Review the Bi-laws.** In an added topic to the agenda, the board agreed to have the Dr. Smith and Jack Bridges review the current corporate bi-laws and bring modification recommendations to the board for the July meeting. Specifically mentioned were the 2 year term limits set for the permanent board seats. A motion was made by Mayor Sylvia Murphy and seconded by Bob Luse to move forward with the review and recommendations. With no further discussion and with full agreement the motion was approved.

**Item O; Change the time of the Board Meetings.** In a second added topic to the agenda, the board agreed to change the start time of the board meetings from 9 am to 9:30 am. In a motion made by Mayor Sylvia Murphy

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



Rural Health Network of Monroe County, Florida, Inc.  
2901 Overseas Highway, Suite 1 & 2  
Marathon, Florida 33050

*Funded in part by the Florida Department of Health*

---

and seconded by Bob Luse the board agreed to the change. With no further discussion and with full agreement the motion was approved.

**Adjournment.** After quick mentions of the need for RHN to establish a purchase ordering system, the ongoing asset tagging and documentation system (and its process), the updated web site design (soon to be published) and the need for a good county health needs assessment program, a motion was made by Mayor Sylvia Murphy and seconded by Bob Luse to adjourn the meeting. With no further discussion and with full agreement the motion was approved.

Administration: 305-289-8917, ext 101 & fax 305-517-6617  
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;  
Key West, 305-292-6422 & fax 305-292-6477 (dental)

[www.rhnmc.org](http://www.rhnmc.org)

A 501(c)(3) not-for-profit corporation

FEIN 65-0474953



## Minutes of Rural Health Network Governing Board meeting on July 12, 2010

Meeting was held at the Marathon Garden Club, 5270 Overseas Hwy., Marathon, FL 33050 and began promptly at 9:30 am

**Staff Attendance:** Daniel Smith, President & CEO; Susana Carrick, Health Services Director and COO; Robert Munson, Finance & Property Mgr. and CFO (3)

**Board Attendance:** David Oatway (Treasurer), Meylan Lowe-Watler, Lynn Mauck, Jack Bridges (Chair), Dorothy Clever (Secretary), Liz Kern, Chris Clark, Rev. Marney Brown, Mayor Sylvia Murphy, & Dirk Smitts (10)

**Not present:** Rick Freeburg, (Mariner's Hospital missed last 3); Susanne Imperato, (missed last 3 due to personal illness); and Robert Luse (on vacation)

**Approval of agenda (July 12<sup>th</sup>, 2010) and April 12<sup>th</sup>, 2010 minutes:** ( Items III. A & B) quorum acknowledged by CEO, motion by Dave Oatway and seconded by Dirk Smitts to approve the agenda and the April 2010 minutes. With no objections and no discussions, the motion was approved (copies of both available at the meeting and emailed prior to meeting to each member).

**Line Item A;** A change in by-laws concerning a quorum; After an extensive discussion of what the need was for a change and how to best address reaching a quorum, a Motion made by Dirk Smitts and seconded by Lynn Mauck (after discussion and no objections) the board did not approve the request to change the by-laws but did acknowledge the need for a quorum of members. They stated that if they could not make the meetings that they would attempt to send a proxy and either use a proxy form (to be emailed with each new meeting and its agenda) or send an email to CEO (copying Board Chair) as to who will be their proxy.

**Line item B;** A request was made for executive committee meeting to review by-laws and policy/procedures between the dates of this meeting and mid August 2010. It was determined that the board did not need to approve such a meeting. The CEO can call the meeting of the executive committee, whereas they would meet and review the items and make recommendations to board at next meeting.

**Line Item C;** The CEO spoke of the existing Operations. See end notes for discussion details.

**Line Item D;** Brief announcement was made by the CEO as to the proposal put forth by the GKMC (aka WestCare). This item was put in as line item J- (as a possible vote to merge companies). A motion was made by Jack Bridges and seconded by Chris Clark to move for discussion and move directly to line item J for a vote after discussion. The CEO explained that the two companies met to discuss an affiliation, where they would share resources, such as advertising and IT. It became apparent, especially with the aggressive presence of CHI (now wanting to expand to Key West- a new profit center for them) that WestCare wanted to move the process to a more formal process (merger) more quickly. The board (with brief discussion), under a motion made by Dave Oatway and seconded by Chris Clark voted unanimously

to reject a merger. Most members in the discussion saw no merit in merging the companies and thought a simple agreement to collaborate would be sufficient.

**Line Item E; Funding-** The CEO discussed the various funding source for the new fiscal year, including any projected changes.

**Line Item F; Budget-** The CEO stated that the new budget was being constructed and would be discussed with the Executive Committee at the next meeting and presented to the governing board in October 2010 for approval. As always, a budget is a work in progress throughout the entire year. Each funding source has their own fiscal accounting year (starting at various quarters), therefore our RHNMC budget must adapt and change as necessary according to grantors and their funds.

**Line Item F; Upper Keys Oral Health-** The CEO discussed the new lease at 91555 Overseas Hwy. in Tavernier Florida and included a tentative copy of the floor plan. It was discussed that the board has voted in April for RHNMC to proceed forward with oral health care, expressly excluding primary care from the plans in the Upper Keys. The CEO explained the great reception he received from Dr. Yankow at the Good Health Clinic and his strong support for our new dental clinic.

**Line Item H; Medical Van-** Dr. Smith explained the final transition of our Medical Van to Borinquen Health Center in Miami. Title was transferred by the end of our last fiscal year and Borinquen is very pleased with their expanded ability to reach more people with their new acquisition. They made a \$ 3,500 donation to RHNMC during this process.

**Line Item I; Washington DC meeting-** Dr. Smith explained that he had to go to Washington for the dental sealant grant (a grant requirement) and that he was going to inquire about the availability of a Network Development Grant opportunity that should be announced soon. Also Dr. Smith was asked by HRSA to speak at the meeting concerning grant and project sustainability. This is a rare treat and honor for RHNMC.

**Line Item J; Guidance Clinic-** discussed under line item D

**IV; Announcements-** The announcement was made that the next governing board meeting would be October 18<sup>th</sup>, 2010- site location to be announce at future time.

**Line Item V-** adjournment; under a motion made by Dave Oatway and seconded by Meylan Lowe-Watler, the board, with no objections or discussion agreed to adjourn.

End Notes:

During the presentation by RHN CEO about our clinic status and our future plans the following items/topics were discussed.

**Topic: CHI in Key West**

The intent of CHI to move into Key West to provide services was of much discussion. RHN CEO Daniel Smith, Dave Oatway and Meylan Lowe-Watler provided input (from a meeting in the Lower Keys put together by Dave Oatway). During our board discussion there was sharp differences of opinion as to the ability of CHI to meet the needs of the Key West community and as to their overall intentions. Dave Oatway believes that he and Brotus Hartley, CEO of CHI (who apparently share the common military title of Colonel) can work out the details of CHI playing the “good guy” and “behaving” in Key West. Dr. Smith believes that the four year history of CHI in Marathon (1 yr planning & 3 of providing “services”) tells a completely different story, one of miss-leading information and deception. Dave Oatway believes that the past history of CHI in Marathon is of little or no concern. His visit to CHI in South Dade impressed him so that he believes that they can replicate their system in Key West. Many members expressed that while CHI has been known to do a very good job in South Dade, they recognize that CHI has not only fallen short of their obligations in Marathon, but also acknowledge that South Dade and the Florida Keys are two completely different communities and we require a non “cookie cutter” approach to serving the people in need.

Dr. Smith explained that several times he approached CHI (Mr. Hartley and company) with concepts that would make a good collaborative relationship between CHI and RHN. One such meeting was in the fall of 2007 [after HHS announced (August 2007) CHI the winner of the grant award for Marathon]. Dr. Smith met with several members of CHI and after congratulating them on the award win, expressed an interest in working together, giving a couple of plausible options. One such option was where CHI could work the Middle Keys and RHN could work the Lower and Upper Keys. A second, more desirable option would be where CHI could perform the functions of primary care (with OB/GYN focus), RHN strictly focus on oral health (dental), and the GCMK would collaborate concerning mental health and substance abuse. The RHN CEO got thanked and glad handed and told what a great idea he presented and that CHI would present the concepts at their next board meeting. Nothing ever came about. One year later CHI opened its dental clinic part time in Marathon (summer 2008, thereby intentionally and unnecessarily duplicating services).

At the meeting held at the Gato Bldg. (on June 17<sup>th</sup>), Dr. Smith spoke again with Hartley about how the two organizations could work together. Mr. Hartley said that CHI was planning to provide primary care in KW, but was not going to provide dental care. I suggested that a good olive branch would be for them (CHI) to remove their dental operations in Marathon. This would make the two organizations totally non competitive and would create an environment of open collaboration. He replied by stating that they were going to EXPAND their dental operations in Marathon. CHI has completely ignored the fact that they had intentionally duplicated services in Marathon. RHN had all but ceased its medical operations in Marathon as a good faith effort with little respect or consideration in return.

As a footnote: Every organization that I have spoken with (including such as the Health Foundation of South Florida, the health department and others) have not understood why CHI can't come to terms with RHN and/or the Guidance Clinic. CHI, in the view of RHN staff, has done nothing in the Keys community to show that their intentions are to care for the residents of the Keys, but have done much to show that they intend to chase the dollar, and in doing so possibly hurt the Keys community overall by unnecessarily competing with the local private medical offices and other not-for-profit entities.

As an editorial by the RHN CEO: I believe that it is a serious mistake to overlook CHI's lack of and inability to coordinate services with other Monroe County entities (other than AHEC, of course). Their time in Monroe has clearly shown that they only play when the "game" is stacked in their favor. They have had a negative impact (and at best a neutral impact) in Marathon over the past years. They have (unnecessarily) duplicated services, thereby displaying a disregard for maximizing dollars being spent. Many of their (Monroe) dollars have ended back in Miami-Dade. There has been plenty of time (4 years) where they could have reached out to collaborate and have not. I personally believe that the negative impact on private practices will continue to grow and be much greater than what is being projected. I must seriously question the motives of anyone or any agency that does not want to look at the four year history of CHI in Monroe when planning for the future healthcare needs of Monroe. In addition, they have been dishonest from their start concerning Monroe County.

- They claimed to have worked out details with the Lower Keys Hospital concerning maternity issues in Spring of 2007 (not true). Years later where does that issue stand? (Unchanged)
- They claimed to have had no desire (and would not ask) the county for funding (not true). While they were making that claim in the Spring of 2007 they were filling out their first of three county HSAB requests.
- They claimed to have been working in Key West at the DePoo hospital in fall of 2007 while doing a presentation to the Inter-Agency Council (not true). Neither at that time, nor the years that have past, have they provided direct care services in Key West, nor have they established an agreement to do so at the DePoo hospital.
- They had declared to the Marathon community in summer of 2007 the RHN was bankrupt and going out of business (again not true).
- The propaganda continues with the declaration that they have solidified the section 330e funding for establishing a community health center in Key West. HHS and HRSA must make the opportunity open for competition. This is not to say that they won't be funded, but it is just like CHI to announce that they will be the recipients of the monies before an opportunity is announced. (I guess that keeps the competition away, which apparently seems to be working!) I personally don't believe that our board members should be spreading that sort of propaganda.
- CHI has claimed to have access to so many resources, but apparently hasn't seen Monroe as a county in need, because over the past four years they have not put those resources to use in our county. Outside of importing staff to run their very basic and limited services, they have done little to import needed specialist in the medical field (except the import of the dental crew in Marathon to compete and duplicate services already being provided 50 ft away by RHN).

- Last, but certainly not least and not the final issue, they only have one Monroe County resident as a Governing Board member, therefore their Monroe representation is next to nothing.

I believe that their healthcare machine is set in expansion mode (aka- empire building), with Monroe being their only option. Like a vacuum they will suck the funding dry and continue to provide only a silhouette or a shadow of service to our county.

#### **Topic: RHN becoming two separate organizations**

Another topic of discussion was the concept of RHN divesting itself of the dental operations by creating a new, independent 501-c-3, that would spin off the services provided by RHN. This would allow RHN to focus on health care policies and issues within Monroe County, with no possible conflict of interests.

The first consideration would be that the integrity of the existing services be kept so that other organizations would not disrupt the value of what RHN has created and the millions of tax dollars that has been invested on the Federal, State and County levels. Equally important are the thousands of residents and visitors of Monroe that value the services we provide.

The next consideration is the fact that RHN (the policy and coordination side), has no legal authority in the county to gather information and verify its accuracy, let alone create any policy. Without county recognition and statutory authority, RHN would have no chance at doing a better job than what the Health Council of South Florida or the Monroe County Health Department has already accomplished. The Monroe County Health Department currently has more statutory authority in this area than RHN.

As an editorial by the RHN CEO: is the issue or topic of discussion that RHN should not be providing services in the first place. I can put that to rest right away. First consider the thousands of people that we have served through our clinics. They would have gone without service for the past ten years or more. The County of Monroe has recognized our mission and supported RHN through-out the years. The State Office of Rural Health gets reports on our activities 5 times a year and performs site surveys every year. They know exactly what we are doing and are in complete agreement with not only the services we provide but the fact that we can legally provide those services. They too have continued to support our efforts and financed our cause. State agencies such as AHCA and various others also have recognized our service provisions and license RHN to provide the services. The Federal Office of Rural Health Policy not only approves of the services we provide, they have financed those services via grants for more than ten years. Under heavy scrutiny of the Feds, RHN has a clean record of providing services to those in need within Monroe County.

The fact is that **all Rural Health Networks** are the result of the Department of Health and Human Services (HHS). Its' agency Health Resources and Services Administration (HRSA) has a department or branch called the Office of Rural Health Policy (ORH). That office is specifically designed to enable each U.S. State (through State legislation) the ability to open Rural Health Networks. These networks are designed to deliver health care services and to coordinate options to the people in designated rural areas and medically underserved areas. It is the Federal office of Rural Health that has granted millions of dollars over the years to us (RHNMC) to provide direct care services.

## Minutes of Rural Health Network Governing Board Special meeting on September 13, 2010

Meeting was held at the Marathon Garden Club, 5270 Overseas Hwy., Marathon, FL 33050 and began promptly at 9:40 am

**Staff Attendance:** Daniel Smith, President & CEO; Susana Carrick, Health Services Director and COO; Robert Munson, Finance & Property Mgr. and CFO (3)

**Board Attendance:** David Oatway (Treasurer), Meylan Lowe-Watler, Lynn Mauck, Jack Bridges (Chair), Dorothy Clever, by proxy (Secretary), Liz Kern, Rev. Marney Brown, Mayor Sylvia Murphy, Rick Freeburg, & Dirk Smits (10)

**Not present:** Susanne Imperato, (missed last 4 due to personal illness), Chris Clark (requested removal due to conflict of interest) and Robert Luse (on vacation)

**Guest included:** Dr. Sandy Yankow (Good Health Clinic), Frank Robbito, & Jamie Pipher (Guidance/Care Center). Candy Fincke (also from Mariner's Hospital) was present and will be the approved proxy representative for Mariner's Hospital when Rick can't make the meetings. This proxy request was presented to RHN (Jack Bridges, Chair & Daniel Smith, CEO) by Rick Freeburg.

### **Call to Order, Verification of Quorum & Approval of Agenda (September 13<sup>th</sup>, 2010) and July 12<sup>th</sup>, 2010**

**Minutes:** Chairman Jack Bridges called the meeting to order. (Items III. A & B) quorum acknowledged by CEO, motion made by Sylvia Murphy seconded by Dirk Smits to approve the agenda. With no objections and no discussions, the motion was approved unanimously. Concerning the Minutes of July 12, 2010, board member Dave Oatway had issues, stating that the minutes were inaccurate and did not reflect an accurate account of the July meeting. He also stated that the CEO should not be placing "notes" of additional items that were discussed but were not on the agenda and should not have added his comments. After much discussion, the approval of the minutes was to be placed on the October agenda so that the board members could take a second look at them. It was suggested that Dave place his objections in writing so that they could be documented against the minutes that were distributed. A suggestion was made to doing audio recording of the board meetings.

**Line Item A;** CHI and Dave Oatway's trip to their Miami Dade offices. Dave made his presentation about his trip to meet Brodes Hartley, Jr. (CEO of CHI). Attached to the board's package of information was Dave's notes and his questions and answers to Mr. Hartley. Dave was disappointed that his notes were not previously delivered to the board members by RHN CEO. He was however, given time during this special meeting to personally make his presentation. He stated that what he saw was a well run organization (CHI) that appeared to be meeting all the necessary requirements of an FQHC and delivering high standards of practice. Dave was impressed with CHI and how well the organization was run. After some brief discussion of CHI's abilities and services provided in the Keys the board moved on to item B.

**Line item B;** Removal of Monroe County Health Department from RHN board. Christina Clark of the MCHD had asked to be removed from the RHN board due to a potential conflict of interest. The Health Department believes that being on the boards of various agencies or 501-c-3 not-for-profits could lead to a conflict of interests (especially with competitive applications on grant funding, and has decided to remove themselves from those boards. With a motion made by Dirk Smits and Seconded by Rick Freeburg it was decided that the CEO of RHN is to communicate with Robert Eadie of the MCHD and see if they would have an interest in being on an advisory board (where the member does not vote) or do they wish to be removed totally from the organization. With no objections and no discussions, the motion was approved unanimously.

**Line Item C;** RHNMC's application to HRSA for a New Access Point for the Lower Keys. RHN CEO requested a vote from the board as to each member's position concerning the application. All voting board members (except one) voted to approve the decision of the CEO to place an application with HRSA ,with one member (Dave Oatway) voting against the application being made. Eight board member voted yes, one proxy vote for Dorothy Clever voted yes, and one vote by Dave Oatway was no.

**Line Item D;** By-Laws change: For the purposes of filing for FQHC funding the by-laws would need to be modified. The CEO presented the board with the by-laws from 4+ years ago that were submitted to our last two FQHC grant proposals. Mr. Smith requested that the board approve him to proceed with modifying the current by-laws to reflect the requirements of an FQHC, with any modifications to be adjusted to reflect updates that were made over the past several years. With a motion made by Sylvia Murphy and seconded by Dirk Smits the board directed the CEO to move forward with adjusting the by-laws to reflect the requirements needed for the FQHC application. With no objections and no further discussions, the motion was approved unanimously. The new by-laws are to be presented to the board at the October board meeting for final approval. The by-laws would be presented to each board members, via email, prior to the next meeting for review.

**Line Item E;** Approval of the budget: The board was presented with a budget for FY 2010-2011. With some discussion as to the percentages of the budget where income was derived and expenses made and with Lynn Mauck suggesting that the budget might better be served with comparisons from previous amounts, a motion was made by Dirk Smits and seconded by Meylan Lowe-Watler to approve the budget as presented. With no objections and no further discussions, the motion was approved unanimously.

**Line Item F;** Upper Keys Oral Health Care: The CEO told the board that the Tavernier dental clinic was completed, and would be doing a "soft" opening the very next day, September 14, 2010. A request was made to Mayor Murphy about doing an official opening within the next several weeks. She agreed to do so with great enthusiasm.

**Line Item IV;** Announcements: The announcement was made that the next governing board meeting would be October 18<sup>th</sup>, 2010- site location to be announce at future time (most likely the Marathon Garden Club). It was agreed to allow Meylan Lowe-Watler floor time on the October agenda to discuss further, and in some detail, her position on Community Health.

**Line Item V-** Adjournment: under a motion made by Dirk Smits and seconded by Sylvia Murphy, the board, with no objections or further discussion agreed to adjourn.



## Minutes of Rural Health Network Governing Board meeting on January 10, 2011

Meeting was held at the Marathon Garden Club, 5270 Overseas Hwy., Marathon, FL 33050 and began promptly at 10:15 am (after committee meetings which took 45 minutes and started at 9:30 am)

**Staff Attendance:** Daniel Smith, President & CEO; Susana Carrick, Health Services Director and COO AND Robert Munson, Finance & Property Mgr. and CFO .

**Board Attendance:** David Oatway (Treasurer), Robert Luse (Vice-Chair), Vallerie Guillory , Lynn Mauck, Rev. Marney Brown, Commissioner Sylvia Murphy, Rick Freeburg, and Jack Bridges (Board Chair) (8 + 1). Also, Dorothy Clever appointed Robert Munson as her proxy (he did not vote).

**Not present:** Meylan Lowe-Watler, Liz Kern, Dorothy Clever (secretary), and Dirk Smits (4)

**Guest included:** N/A

### **Call to Order, Verification of Quorum & Approval of Agenda (January 10, 2011) and Minutes**

**(November 15<sup>th</sup>, 2010):** Chairman Jack Bridges called the meeting to order. (Items III. A & B) quorum acknowledged by CEO, a motion was made by Bob Luse & by seconded by Mayor Sylvia Murphy to approve the agenda. With no objections and no discussions, the motion was approved unanimously. A motion was then made by Sylvia Murphy and seconded by Bob Luse to approve the minutes of November 15, 2010. With no objections and no discussions, the motion was approved unanimously. Board member Dave Oatway brought up the question of how RHNMC post the public notice for its meetings in order to comply with Florida Sunshine Laws. He suggested that compliancy required an advertisement under "Public Notice" section of the local newspaper. CEO responded by stating that Public Notice/PSA are sent, via fax, to several local (county-wide) newspapers and RHNMC also places notices at its various clinic locations and its office, and on its web-site.

**Line Item IV (A): Update on Clinic Status for Upper, Middle, and Lower Keys.** The Health Service Director (unofficial COO) Susana Carrick gave a report on the status of the three dental clinics. In the Upper Keys she spoke of the 3 day clinic expanding to 4 days (with the increase in patient growth). She also later mentioned the "Grand Opening" on the 20<sup>th</sup> of January. In the Middle Keys she spoke of the Marathon dental clinic, currently open for 4 days per week, with the anticipation (depending on the patient flow) of moving back to a 5 day per week schedule. The Tavernier opening and the tough economy were given as reasons for the current 4 day schedule in Marathon. In Key West she talked about 3 of the 6 employees starting new this past January 3<sup>rd</sup> and how well the transition has been into the New Year.

A discussion was brought up (by Dave Oatway) as to the need of RHNMC establishing a monthly checklist for safety assurances at each RHNMC site. It was brought up that RHNMC utilizes MSDS documents at each site for materials brought into or used with each clinic, that Patterson Dental monitors the dental equipment regularly, that the Dentist are responsible for the operations of the clinic as the licensed professionals, but that RHNMC follows protocol on AEDS (including signage), dental specific first aid kits, eye wash stations & posters (including signage), and State & Federal statutory labor

law postings. The introduction of a recommended checklist of safety procedures and protocols (verified monthly) was received as a welcome idea that will be implemented at each clinic, where clinic staff with check as indicated and where admin staff with Q/A and monitor regularly.

**Line Item IV (B): Update on the FQHC application:** The CEO spoke on the FQHC application and the anticipated notice coming sometime between the 4 month period of May 1 and August 31<sup>st</sup>, 2011. He briefly spoke on the partnerships and the next step of scheduling meetings between the partners to prepare for the hopeful granting of the award to RHNMC. He also expressed his desire and determination to begin supplementing the services currently being provided by the LKMC at dePoo (where Dr. Covington is currently doing 2 days per week- Tuesday and Fridays). The CEO also expressed the need for him to begin working with Dennis Pharmacy to start the 340B application for the pharmacy.

**Line Item IV (C): Review of the accountants audit for year ending June 30, 2010.** The Finance/Property Manger (unofficial CFO) talked briefly about how the accountant, Julio Buzzi, processes the information given to him to generate the 990 and company financials. Although this process has been consistent for over 12 years, it was particularly relevant and informative to the newer board members. (Note that this information was mailed to all board members directly upon receipt from the accountant and again to the finance committee prior to the board meeting). The audit speaks for itself with the accountant's statement included. Robert Munson talked about how QuickBooks chart of accounts were reworked to more suit the expansion that RHNMC has experienced, particularly over the past three years. The board was asked to vote on the financials and the accountant's audit for fiscal year 07/01/2009 through June 30, 2010, approving the accountant's work and findings as presented. In a motion made by Rick Freeberg and seconded by Silvia Murphy the board, without discussion the board unanimously approved the accountant's documents.

On other notes, through discussions with committee members from the finance committee:

A discussion was brought up by Dave Oatway and Lynn Mauck concerning the financial aspects of the organization. First was the issue of a Strategic Plan. Dave Oatway wanted to see the strategic plan and to verify if we were on target for the plan. The CEO stated that the work plan is presented to the State Office of Rural Health at the beginning of each fiscal year and that they receive 5 annual reports based on the on-going progress of the plan. It was determined that an Executive Committee meeting could be held to review the current status of the plan and revise or update/modify as needed. The CEO encouraged this process as the new fiscal year is will be here soon and that the new, or updated plan, will soon need to be submitted.

Another discussion was over the costs of the legal fees concerning RHNMC law suit on Dr. Jones. Lynn Mauck expressed concern that the costs had exceeded what was approved by the board. The CEO explained that we were on target until two sets of depositions were done, with undetermined time limits (therefore costs) to cause a real change in the charges to date (as of 12/31/2010). The CEO confirmed that he has been keeping the board chair appraised of the situation, not specifically concerning the charges, but to the scheduled events that were taking place regarding the suit.

A meeting date for the Executive Committee was tentatively set up for Feb. 2, with the possibility of changing the date as may be needed to meet the committee members. The committee can then review the current strategic plan and also the legal suit as it then stands.

**Line Item IV (D): Review of the Policies & Procedures manual:** Limited changes were made to the policies and procedures manual since it was board approved in April 2010. The CEO made an adjustment to the income verification aspects of patients (due to the troubling economy). The CEO presented to the board the results of an internal roundtable discussion RHNMC staff (including all the dentists) had in August 2010. In that meeting it was determined that RHNMC should temporarily relax its income verification means to add the use of other agency referrals, documentation from such places as unemployment, food stamps, etc. to help those in hard economic times. The CEO made the decision to modify the policies and move forward with the temporary change. The CEO asked the board to vote to re-approve the current policies and procedures with the new updates. With a motion made by Bob Luse and seconded by Sylvia Murphy, the board unanimously approved the new policies and procedures with no discussion.

**Line Item V: Announcements:** Rick Freeburg asked, as per his committee (nominating committee) meeting, that the board place on the agenda for the next meeting to make 5 permanent seats on the board and modify the By-Laws to reflect that each of the three hospitals have one seat, that the county government retain one seat and that one seat is made available for an local business person, specifically an attorney. The CEO stated that he would do so.

Also the next board meeting would be on February 14, 2011; place TBA. Chair Jack Bridges stated that he would not be able to attend due to a business conflict.

**Line Item VI: Adjournment.** After announcements of the next Board meeting, a motion was made by Lynn Mauck to adjourn and seconded by Sylvia Murphy. With no objections and no discussions, the motion was approved unanimously.

## **Minutes of Rural Health Network Executive Committee meeting on February 9, 2011**

Meeting was held at Fishermen's Hospital Board Room, Marathon, FL 33050 and began promptly at 10:30 am and ended at 11:50 am.

**Committee Attendance:** Robert Luse (Vice-Chair), Lynn Mauck (parliamentarian), Meylan Lowe-Watler (via telephone, 2<sup>nd</sup> vice chair) and Daniel Smith, CEO.

Bob Thomas, up for board election as a director, not yet elected. (4+1)

**Not present:** Dorothy Clever (secretary), and Jack Bridges (Board Chair). David Oatway (Treasurer) had submitted official resignation (presented to board) prior to the meeting. (3)

**Guest included:** N/A

**Call to Order, Verification of Quorum & Approval of Agenda:** Vice-Chairman Robert Luse called the meeting to order and chaired the Board Meeting. The CEO brought up the fact that board member Dave Oatway had resigned due to a conflict in his personal ability concerning time management. A copy of his resignation letter was passed around the board table for review.

### **Line Item 1: Review of the Governing Board Recommendations from the January meeting:**

A discussion was brought up by Dave Oatway and Lynn Mauck at our January 2011 meeting concerning the financial aspects of the organization. First was the issue of a Strategic Plan. Dave Oatway wanted to see the strategic plan and to verify if we were on target for the plan. The CEO stated that the work plan is presented to the State Office of Rural Health at the beginning of each fiscal year and that they receive 5 annual reports based on the on-going progress of the plan. It was determined that an Executive Committee meeting could be held to review the current status of the plan and revise or update/modify as needed. The CEO encouraged this process as the new fiscal year is will be here soon and that the new, or updated plan, will soon need to be submitted.

The strategic plan was presented at the executive committee meeting on 2/9/2011. It was reviewed and then presented at the March 14<sup>th</sup> Governing Board meeting. At this board meeting the board asked to have the plan placed on the next meeting agenda (April) for a vote of approval (or not).

Another discussion from the January board meeting was over the costs of the legal fees concerning RHNMC law suit on Dr. Jones (for breach of contract and violation of his none compete agreement. Lynn Mauck expressed concern that the costs had exceeded what was approved by the board. The CEO explained that we were on target until two sets of depositions were done, with undetermined time limits (therefore costs) to cause a real change in the charges to date at around \$ 16,000 (as of 12/31/2010). Without a vote taken, most board members were under the consensus to settle the case to avoid further legal costs and time delays. The Governing Board in January deferred the decision to the upcoming Executive Committee. The CEO confirmed that he has been keeping the board chair appraised of the situation, not specifically concerning the charges, but to the scheduled events that were taking place regarding the suit.

This legal issue was brought up at the 2/9/2011 Executive Committee meeting where the members unanimously agreed to settle the case and to attempt to recoup RHNMC's legal cost (those incurred by RHNMC). The CEO also wanted to be on the record that although the board and the executive committee wanted a settlement to cover legal fees, the CEO disagreed with not pursuing the issue through the courts. He stated that unless the settlement covered the actual losses based on the actions of Dr. Jones (at that time to be between \$ 75,000 to \$ 150,000) that he would like to pursue the issue in court. His rational was that (whether Jones had assets today or not) that he has earning potential as a career dentist at age 30, and would be easy to collect upon with a court judgment.

**Line Item 2: Adjournment.** After announcements of the next Board meeting, a motion was made by Lynn Mauck to adjourn and seconded by Meylan Lowe-Watler. With no objections and no discussions, the motion was approved unanimously.

## **Minutes of Rural Health Network Governing Board meeting on March 14, 2011**

Meeting was held at the Marathon Garden Club, 5270 Overseas Hwy., Marathon, FL 33050 and began promptly at 09:30 am

**Staff Attendance:** Daniel Smith, President & CEO; Susana Carrick, Health Services Director and COO AND Robert Munson, Finance & Property Mgr. and CFO. (3)

**Board Attendance:** Robert Luse (Vice-Chair), Vallerie Guillory, Lynn Mauck, Rev. Marney Brown, Commissioner Sylvia Murphy, Rick Freeburg, Liz Kern, Dirk Smits and (8 + 2). Also, Dorothy Clever appointed Robert Munson as her proxy (he did not vote). David Oatway (Treasurer) had submitted official resignation (presented to board). Bob Thomas, up for board election as a director.

**Not present:** Meylan Lowe-Watler (second vice-chair), Dorothy Clever (secretary), and Jack Bridges (Board Chair) (3)

**Guest included:** N/A

**Call to Order, Verification of Quorum & Approval of Agenda (March 14, 2011) and Minutes (January 10, 2011):** Vice-Chairman Robert Luse called the meeting to order and chaired the Board Meeting. (Items III. A & B) quorum acknowledged by CEO, a motion was made by Sylvia Murphy & by seconded by Liz Kern to approve the agenda. With no objections and no discussions, the motion was approved unanimously. A motion was then made by Sylvia Murphy and seconded by Vallerie Guillory to approve the minutes of January 10, 2011. With no objections and no discussions, the motion was approved unanimously. The CEO brought up the fact that board member Dave Oatway had resigned due to a conflict in his personal ability concerning time management. A copy of his resignation letter was passed around the board table for review.

**Line Item IV (A): Update on Clinic Status for Upper, Middle, and Lower Keys.** The Health Service Director (unofficial COO) Susana Carrick arrived late, so the CEO gave a report on the status of the three dental clinics. In the Upper Keys he spoke of the 3 day clinic expanding to 4 days (with the increase in patient growth). He also later mentioned the "Grand Opening" on the 20<sup>th</sup> of January. The CEO asked the Finance Manager to speak of the recent health fair. Robert Munson mentioned that the fair went very well, where the RHN Tavernier Dental Staff and himself volunteered their Saturday to do an estimated 40 dental assessments at the fair. In the Middle Keys the CEO spoke of the Marathon dental clinic, currently open for 4 days per week, with the anticipation (depending on the patient flow) of moving back to a 5 day per week schedule. The Tavernier opening and the tough economy were given as reasons for the current 4 day schedule in Marathon. In Key West the CEO talked about stabilizing the new employee staff and how this past January's numbers beat last year's (January) numbers in finances. Also on the discussion table was the issue of the expiring lease at 1010 Kennedy Drive. Options presented were to move the clinic (CEO's estimated that to cost \$ 80-100,000) based on past experiences; continuing to rent the unit (where rental costs are likely to rise and RHN pays property taxes based on a "triple net lease"); or to purchase the unit (mortgage held by First State Bank (Kurt Lewin), property still owned by Dr. John Cowel). The board asked RHN staff to present more specific

numbers for other rental options for a move and for the resell value of the current property based on today's numbers.

**Line Item IV (B): Update on funding and grant opportunities:** The CEO spoke on the FQHC application and the anticipated notice coming sometime between the 4 month period of May 1 and August 31<sup>st</sup>, 2011. He briefly spoke on the partnerships and the next step of scheduling meetings between the partners to prepare for the hopeful granting of the award to RHNMC. The CEO also expressed the need for him to begin working with Dennis Pharmacy to start the 340B application for the pharmacy. Also a brief mention was made to the upcoming submission of two HSAB applications due the 3<sup>rd</sup> week of April (one for the traditional HSAB and one for the "Line Item funding" that was move to the HSAB program. In addition are applications due 4/1 for the RHN Flex Grant opportunity and for the HRSA HIT opportunity (soon to be announced).

**Line Item IV (C): The nomination of Bob Thomas for Board Director.** After review by the nominating committee and Bob's attendance to the past board meeting and the executive committee meeting a vote was placed for his nomination to the board. In a motion made by Sylvia Murphy and seconded by Rick Freeburg, with no discussion the board unanimously approved his election to the board and welcomed him warmly.

**Line Item IV (D): Review of the Executive Committee Recommendations from the 2/9/2011 meeting:**

A discussion was brought up by Dave Oatway and Lynn Mauck at our January 2011 meeting concerning the financial aspects of the organization. First was the issue of a Strategic Plan. Dave Oatway wanted to see the strategic plan and to verify if we were on target for the plan. The CEO stated that the work plan is presented to the State Office of Rural Health at the beginning of each fiscal year and that they receive 5 annual reports based on the on-going progress of the plan. It was determined that an Executive Committee meeting could be held to review the current status of the plan and revise or update/modify as needed. The CEO encouraged this process as the new fiscal year is will be here soon and that the new, or updated plan, will soon need to be submitted. The strategic plan was presented at the executive committee meeting on 2/9/2011. At this board meeting the board asked to have the plan placed on the next meeting agenda (April) for a vote of approval (or not).

Another discussion from the January board meeting was over the costs of the legal fees concerning RHNMC law suit on Dr. Jones (for breach of contract and violation of his none compete agreement. Lynn Mauck expressed concern that the costs had exceeded what was approved by the board. The CEO explained that we were on target until two sets of depositions were done, with undetermined time limits (therefore costs) to cause a real change in the charges to date (as of 12/31/2010). Without a vote taken, most board members were under the consensus to settle the case to avoid further legal costs and time delays. The board in January deferred the decision to the upcoming Executive Committee. The CEO confirmed that he has been keeping the board chair apprised of the situation, not specifically concerning the charges, but to the scheduled events that were taking place regarding the suit. This issue was brought up at the 2/9/2011 Executive Committee meeting where the members unanimously agreed to settle the case to at least cover /receive the legal cost incurred. The CEO presented the board

with the final settlement agreement (which took place on March 4), which met the terms set by the Executive Committee members. The CEO expressed his thanks to the board (in Jack's absence) for our Chair, Jack Bridges, who donated an entire day and a trip across the entire Keys to be present at the mediation. The CEO also wanted to be on the record that although the board and the executive committee got the settlement that they requested, the CEO disagreed with the outcome of the agreement. He stated that unless the settlement covered the actual losses based on the actions of Dr. Jones that he would have pursued the issue in court. His rationale was that (whether Jones had assets today or not) that he has earning potential as a career dentist at age 30, and would be easy to collect on with a court judgement.

**Line Item IV (E): At the request of County Commission Sylvia Murphy, she asked to be placed as a non-voting board member (due to her elected position on the county government and to avoid any potential conflicts of interest between her two roles):**

The CEO expressed his gratitude for her service to RHN over the years was that he was extremely pleased to have her on the board in any capacity. Her opinions and insight are deemed extremely valuable to the board and staff of RHN. Every board member understood her reasoning for the request.

In a motion made by Dirk Smits and seconded by Liz Kern, with no discussion, the board unanimously approved the motion.

**Line Item IV (F): During the January Nominating Committee meeting, the committee asked to place on the next board agenda that the board vote to reinstate the permanent seat positions on the board (as they existed prior to the change of the By-Laws for the Community Health Center):** The committee recommended that each of the three hospitals keep permanent seats on the board, as well as a seat for legal representation (not legal representation for RHN) and possibly a seat once again for the County Health Department. After a discussion as to the need for a legal seat the verbiage was changed to either a business person holding a seat or legal person holding the seat (not as RHN legal counsel). It was also brought to the attention that the Health Department may come back to the board, but if so it would more than likely be a non-voting position, to avoid conflicts of interest(s).

In a motion made by Rick Freeburg and seconded by Dirk Smits, with only the discussions mentioned above, the board unanimously approved the motion.

**Line Item V: Announcements:** The CEO stated that he would attempt to get more information to the board to better base a decision on the Key West Dental Clinic (for location issues). Marney Brown stated that she would be missing the May Board Meeting. The CEO stated that most board meetings are held monthly on the second Monday of each month (as an FYI).

**Line Item VI: Adjournment.** After announcements of the next Board meeting, a motion was made by Lynn Mauck to adjourn and seconded by Marney Brown. With no objections and no discussions, the motion was approved unanimously.



## **Minutes of Rural Health Network Governing Board meeting on April 11, 2011**

Meeting was held at the Marathon Garden Club, 5270 Overseas Hwy., Marathon, FL 33050 and began at 09:49 am

**Staff Attendance:** Daniel Smith, President & CEO and Robert Munson, Finance & Property Mgr. and CFO. (2) Susana Carrick, Health Services Director and COO was excused to fill in for an injured Tavernier employee.

**Board Attendance:** Jack Bridges (Board Chair), Robert Luse (Vice-Chair), Vallerie Guillory, Rev. Marney Brown, Commissioner Sylvia Murphy, Rick Freeburg, Liz Kern, and Bob Thomas. Also, Meylan Lowe-Watler (second vice-chair) present via telephone. (8 + 1)

**Not present:** Dorothy Clever (secretary), Dirk Smits and Lynn Mauck (3)

**Guest included:** N/A

**Call to Order, Verification of Quorum & Approval of Agenda (April 11, 2011) and Minutes (March 14, 2011):** CEO Daniel Smith verbally announced and corrected the Agenda line item III B noting that the approval of the minutes were for the date of March 14, 2011. Chairman Jack Bridges called the meeting to order. (Items III. A & B) quorum acknowledged by CEO, a motion was made by Bob Luse & by seconded by Liz Kern to approve the agenda. With no objections and no discussions, the motion was approved unanimously. A motion was then made by Liz Kern and seconded by Bob Luse to approve the minutes of March 14, 2011. With no objections and no discussions, the motion was approved unanimously.

**Line Item IV (A): Update on Clinic Status for Upper, Middle, and Lower Keys.** The CEO gave a report on the status of the three dental clinics. The focus of the discussion was on the addition of the dental insurance carriers and the positive impact that that has made on the clinics. Also discussed were the two inspections; first by the Monroe County Health Department in our Key West Dental Clinic (an annual inspection for the Ryan White Grant). RHN was well received and given high marks on its records and treatment plans for their clients. In addition the Key West Dental Clinic was inspected by Peter Wood from the Health Foundation of South Florida. The CEO had put in a \$ 70,000 HFSF application/grant request for funding to support our dental efforts across the entire Keys for children that have not been accessing the clinics due to the poor economy and the economic challenges faced by their parents (as well as a general lack of education on the part of the parents and children).

Robert Munson (CFO) presented & explained the financial highlights of the three dental clinics based on the total charges and collections from each clinic and the relevant cash flow. Although there were planned and expected drops in cash flow and revenues (based on opening a new dental clinic and related upstart), it was noted that the extreme decline in cash flow (beginning in October 2010) was in direct relation to the inappropriate actions of the dentist in Key West leaving almost 4 months earlier (without notice). He had indicated in his written notice (to vacate his position) at the end of January 2011. RHN had already contracted a replacement dentist that was to start (and did) the first week of

January 2011. This inappropriate and unanticipated action caused an extreme drop in revenues, with a direct cost of \$ 80-85,000 dollars in lost revenues and expenses, and incidental and indirect costs of similar amounts. The cash flow report shows the end of our last fiscal year (June 30, 2010) with an amount of \$ 144,165. By the end March 2011 (3/4 in the fiscal year) it was at a level of \$ 25,397.

**Line Item IV (B): Update on funding and grant opportunities:** The CEO spoke on the FQHC application and the anticipated notice coming sometime between the 4 month period of May 1 and August 31<sup>st</sup>, 2011. He briefly spoke on the partnerships and the next step of scheduling meetings between the partners to prepare for the hopeful granting of the award to RHNMC. The CEO also expressed the need for him to begin working with Dennis Pharmacy to start the 340B application for the pharmacy. Also a brief mention was made to the upcoming submission of two HSAB applications due April 21 (one for the traditional HSAB and one for the "Line Item funding" that was move to the HSAB program). In addition applications were delivered before 4/1 for the RHN Flex Grant opportunity and for the HRSA HIT opportunity (soon to be announced). The CEO explained that we were awarded the \$ 15,000 from the flex grant application (the maximum allowed) and \$ 7,946 from the SAFF proposal, out of \$ 10K requested). The SAFF has steadily increased our award over the past 4 years.

**Line Item IV (C): The Key West Dental Clinic and its lease expiring.** The CEO talked again (as he did in March) about the fact that the lease for the dental facility in Key West expires on August 14<sup>th</sup>, 2011 with the requirement of a 90 day notice to renew (that's by mid May). He also spoke of the continual pass on of "special assessments" (copies of the latest distributed to the Board members), this one requesting John Cowel (owner of the dental office condo) to pay \$ 7,490.82 in "special assessments". The monthly "condo maintenance fees" are currently \$ 1,922.30 (which increases every year). This "special assessment", along with the "property taxes" (usually \$5000/year) are passed to RHN via the triple net lease. Our 90 notice to renew the current lease reads (taken directly from the lease that was available at Board meeting);

**Rent.** The base rent for the first two (2) years under this Lease is Ninety Nine Thousand Nine Hundred Thirty Six Dollars and 00/100 (\$99,936.00), which rental amount shall be adjusted during the initial term and during the renewal term of the Lease in accordance with Section 6, herein. Base rent shall be paid in monthly installments of Four Thousand One Hundred Sixty Four Dollars and 00/100 (\$4,164.00), due on the first day of each month during the term of the Lease.

During the third year of the lease, the base rent shall be Fifty Six Thousand Two Hundred Twenty Dollars and 00/100 (\$56,220.00) which shall be paid in monthly installments of Four Thousand Six Hundred Eighty Five Dollars and 00/100 (\$4,685.00) due on the first day of each month. All rental payments shall be made to Landlord at the address specified in Section 36 or other such addresses provided by Landlord.

Landlord and Tenant acknowledge that this is a "Triple Net Lease" and that all costs and expenses (including, but not limited to, utilities, janitorial service, maintenance and repair expenses, sales tax, real estate taxes, fire, flood, windstorm and hazard insurance) are to be paid by Tenant. The provisions of this Lease are to be interpreted that all expenses in connection with the Premises are to be borne by the Tenant so as to effect a lease under which the rents are net to Landlord. Tenant shall pay the rent as specified herein and in

Sections 5 and 6 hereof. In addition, Tenant shall pay any sales or use taxes that arise in connection with the rental of the Premises.

**Option to Renew.** Landlord grants Tenant an option to extend this Lease for one (1) additional term of three (3) years, subject to Tenant complying with all other terms and provisions of this Lease. Tenant's right of renewal may be exercised by giving Landlord, its successors and assigns, written notice thereof at least ninety (90) days prior to the termination date of the initial Lease term.

At this point RHN CEO has made attempts to contact Kurt Lewin (First State Bank-mortgage holder) & John Cowel (condo owner) concerning the lease and options. So far no responses on the recent attempts. CEO would like possibly to extend the lease for one year to "buy time" and build up cash revenues. Of course, variables include the current status of the economy, grant funding from the county and the possibility of FQHC funding (which the LKMC has offered the DePoo Hospital as a home for the Medical side of our program). NOTE: a dental clinic can't go into the hospital.

The CEO & CFO have been doing an ongoing investigation as to what other properties (such as Buddies old office supply) may be available for rent. Factors include build-out costs, permit time, building structure and integrity, and moving costs.

Bottom line on current location: (this is an extrapolation from the open discussion at the meeting)

Monthly:

- \$ 4,685.00 --monthly rent
- \$ 1,922.30 --monthly condo maintenance fees (includes utilities)
- \$ 3,122.05 --monthly note payment for purchase of practice (equipment, location build-out and Cowel's patients.

Yearly:

- \$ 7,490.82 --special assessment (occurs at whim of unit owners, mainly PO. Singh)
- \$ 4,897.88 --2009 real-estate tax assessment (2008 was \$ 4,412.48)

Overall monthly costs is \$ 10,729.35 to be in the unit. The \$3,122.05 note carries with RHN until paid off.

It was on the agenda to vote on which direction the Board wanted to go with the lease, however it was decided to table the vote until the next Board meeting.

**Line Item IV (D): Review of Community Health Center plans and partnerships:**

The CEO had distributed a graphic diagram that he and CFO put together to illustrate how the Community Health Center (FQHC) would be accessed and function with its partnerships (should RHNMC receive the funding). Questions were asked about the notice of the award. The CEO stated that the awards usually were made by May, however this year, due to the idea of awarding 300 centers and in conjunction with the budget battle, cuts and debates in Congress, the announcements would most likely be made sometime in August. Funding may be cut by Congress to Dept. of HHS.

**Line Item IV (E): Approval of the Strategic Plan:** In February the Executive Committee met and was introduced to the Strategic Plan. It was presented in March at the Board meeting. It was then tabled until the April meeting. At this meeting there was a motion made by Bob Luse to approve the plan and seconded by Liz Kern. With no further discussion the plan was approved unanimously by the Board.

**Line Item IV (F): Future Governing Board meetings to be held at multiple (2) locations:** The CEO would like to have the monthly Board meetings conducted from two locations, one in Ramrod and one in the Upper Keys. The concept being that the meetings could effectively be video-teleconferenced where all parties would be able to effectively communicate and approve the Board's business. As a point of reference, Commissioner Murphy suggested that we investigate further to make sure that it would not conflict with current "sunshine" laws, where Board members all may need to be present at one location to vote or at least a quorum be present at one of the multiple locations. If possible, the video conferencing would save most members many hours of drive time and enable a better turn-out of members to each meeting. It was decided that further investigation was needed as to the legality of the concept.

**Line Item V: Announcements:** The CEO stated that he would attempt to get more information to the Board to better base a decision on the Key West Dental Clinic (for location issues) and attempt to get more clarification on the meeting via teleconferencing. Marney Brown stated that she would be missing the May Board Meeting. The CEO stated that most Board meeting are held monthly on the second Monday of each month (as an FYI).

**Line Item VI: Adjournment.** After announcements of the next Board meeting, a motion was made by Bob Luse to adjourn and seconded by Bob Thomas. With no objections and no discussions, the motion was approved unanimously.

RURAL HEALTH NETWORK OF  
MONROE COUNTY, FLORIDA, INC.

Financial Statements with  
Independent Auditors' Report Thereon and  
Schedule of Financial Assistance

For the Year Ended June 30, 2010

SMITH, BUZZI & ASSOCIATES, LLC.  
CERTIFIED PUBLIC ACCOUNTANTS  
2103 CORAL WAY, SUITE 305  
MIAMI, FLORIDA 33134  
TEL. (305) 285-2300  
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.  
JOSE E. SMITH, C.P.A.

MEMBERS:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of  
Rural Health Network of Monroe County, Florida, Inc.

We have audited the accompanying statement of financial position of the Rural Health Network of Monroe County, Florida, Inc. (the "Network") (a non-profit Network) as of June 30, 2010 and the related statement of activities, and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States, and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Government and Other Nonprofit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the Network, as of June 30, 2010, the results of its operations and its cash flows for the year ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated December 7, 2010 on our consideration of Rural Health Network of Monroe County, Florida, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Rural Health Network of Monroe County, Florida, Inc. taken as a whole. The accompanying schedule of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

*Smith Bugg & Associates LLC*

December 7, 2010

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Financial Position

June 30, 2010

Assets

Current assets	
Cash	\$ 144,165
Contracts and other receivables	174,417
Other assets	<u>5,985</u>
Total current assets	<u>324,567</u>
Assets restricted to investment	
in furniture, equipment and vehicles	535,011
Accumulated depreciation	<u>(92,803)</u>
Net assets restricted to investment	
in furniture and equipment	<u>442,208</u>
Total assets	<u>\$ 766,775</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ 42,547
Deferred income	<u>96,897</u>
Total current liabilities	<u>139,444</u>
Note payable	<u>230,604</u>
Net assets	
Temporarily restricted	(45,481)
Permanently restricted	<u>442,208</u>
Total net assets	<u>396,727</u>
Total liabilities and net assets	<u>\$ 766,775</u>

See accompanying notes to financial statements.



RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Activities

For the Year Ended June 30, 2010

Public support	
Grant revenue	\$ 733,109
Other	<u>-</u>
Total public support	<u>733,109</u>
Revenue	
Patient co-pay	920,083
Membership dues	10,000
Fund raising	3,575
Reimbursed costs	389
Other revenue	<u>1,317</u>
Total revenue	<u>935,364</u>
Total public support and revenue	<u>1,668,473</u>
Functional Expenses	
Grants and direct assistance	11,943
Interest expense	18,325
Personnel	526,226
Payroll taxes	38,821
Fringes	22,738
Staff travel	22,139
Bank charges	7,823
Telephone and telecommunication	26,037
Office supplies, moving and other operating	73,571
Postage	2,715
Accounting/audit/ legal	7,610
Medivan costs and other transportation	6,997
Utilities	9,906
Meetings/conferences	2,677
Occupancy	149,012
Advertising	20,221
Licenses and permits	939
Repairs and maintenance	21,026
Real estate taxes	4,898
Insurance	40,316
Dental services program	475,994
Computer services	<u>9,354</u>
Total expenses	<u>1,499,288</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Activities

For the Year Ended June 30, 2010

Increase in net assets, before depreciation expense	\$ 169,185
Depreciation expense	<u>(19,924)</u>
Increase in net assets	149,261
Net assets, beginning of year	<u>247,466</u>
Net assets, end of year	<u>\$ 396,727</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Cash Flows

For the Year Ended June 30, 2010

Cash flows from operating activities:	
Change in net assets	\$ 149,261
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	19,924
Increase in contracts, other receivables and other assets	(179,251)
Increase in accounts payable and accrued expenses	<u>49,668</u>
Net cash provided by operating activities	<u>39,602</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(91,898)</u>
Net cash used by investing activities	<u>(91,898)</u>
Cash flows from financing activities:	
Repayments on note payable	<u>(19,140)</u>
Net cash used by financing activities	<u>(19,140)</u>
Net decrease in cash and cash equivalents	(71,436)
Cash and cash equivalents, at beginning of year	<u>215,601</u>
Cash and cash equivalents, at end of year	<u>\$ 144,165</u>
Interest paid during the year	<u>\$ 18,325</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2010

1. Summary of Significant Accounting Policies

a) Network

The Rural Health Network of Monroe County, Florida, Inc. ("the Network") is a nonprofit Network which promotes the advancement of quality health services in Monroe County. The Network's funding comes primarily from public and private grants and membership dues from the private sector.

b) Basis of Presentation

The Network's financial statements have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations and are in conformity with the standards promulgated by the American Institute of Certified Public Accountants in its "Industry Audit Guide for Voluntary Health and Welfare Networks". The specialized accounting and reporting principles and practices contained in the Audit Guide are preferable accounting practices in accordance with statement of Financial Accounting Standards Number 117, issued by the Financial Accounting Standards Board. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Network and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Network and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Network. Generally, the donors of these assets permit the Network to use all or part of the income earned on any related investments for general or specific purposes.

The primary source of revenue for the Network consists of grants from governmental agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2010

1. Summary of Significant Accounting Policies - (Cont.)

b) Basis of Presentation - (Cont.)

The costs of providing the various programs and other activities have been detailed in the accompanying Statement of Activities.

Salaries and other expenses which are associated with specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

c) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses are incurred.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2010

1. Summary of Significant Accounting Policies - (Cont.)

e) Restricted Revenues Received, Related Program Expense and Deferred Support - (Cont.)

The Network records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services are venue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Network was organized as a non-profit Network and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

g) Allocation of Common Expenses

Certain common expenses which benefit more than one program are allocated based on estimates of time of employees involved and on percentages of assets utilized, and to the extent permitted in the funding source contracts.

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Network considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

i) Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2010

2. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at June 30, 2010:

Dental practice	\$ 252,500
Computer	26,793
Furniture, fixtures	91,898
Dental equipment	138,820
Vehicles	<u>25,000</u>
Total costs	535,011
Less accumulated depreciation	<u>(92,803)</u>
	<u>\$ 442,208</u>

Depreciation expense for the year ended June 30, 2010 amounted to \$19,924. During fiscal 2010, certain fully depreciated assets were scrapped.

3. Line of Credit

The Network has obtained an \$16,000 line of credit against a credit card. These funds are available to cover cash flow needs pending collections of contracts and other receivables. The line of credit carries a stated rate of 27.99% per annum. Interest expense for 2010 amounted to \$-0-. No amounts are outstanding at June 30, 2010.

4. Note Payable

On August 18, 2008 the Network acquired a dental practice in Key West, Florida. The dental practice, which is included as Assets Restricted to Investment in Furniture and Equipment was acquired for \$252,000. The acquisition was furnished with a note payable from Bank of America. The loan was for \$252,500 and carries interest at the fixed rate of 7.61% and matures in September of 2015. The loan requires monthly payments of principal and interest in the amount of \$3,122.05 per month with the unpaid balance and principal due at maturity. Balance outstanding at June 30, 2010 amounted to \$230,604. Interest expense for 2010 amounted to \$18,325.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2010

5. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.



RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.  
Schedule of Federal and State Financial Assistance  
(Single Audit)

For the Year Ended June 30, 2010

Program Title	CEDA Number	Contract Number	Revenue Recognized	Disbursements/ Expenditures	Accounts Receivable
State of Florida - Office of Rural Health Policy - HRSA (\$200,000 per year) (*)	-	CORCM	\$ 63,555	63,555	-
Rural Health Outreach Program - HRSA - YR1 HRSA - YR2	93.912	DO4RH12704	150,000 31,250	150,000 31,250	- 125,000
Department of Juvenile Justice			60,366	60,366	7,210
			<u>305,171</u>	<u>305,171</u>	<u>132,210</u>

(\*) Major Program

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.  
Schedule of Federal and State Financial Assistance  
(Single Audit)

For the year Ended June 30, 2010

<u>Program Title</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
Other					
Sheriff's Department Asset Forfeiture Fund	-	-	5,100	5,100	-
Board of County Commissioners HSAB	-	-	69,700	69,700	-
Board of County Commissioners Monroe County, Florida	-	-	263,138	263,138	12,207
Monroe County Health Department	-	-	-	-	-
Dade Community Foundation	-	-	2,000	2,000	-
Health Foundation of South Florida - Cancer screening	-	-	25,000	25,000	-
Health Foundation of South Florida - Equipment grant	-	2019-04	60,000	60,000	30,000
City of Marathon	-	-	3,000	3,000	-
			<u>427,938</u>	<u>427,938</u>	<u>42,207</u>
Total All Awards			<u>\$ 733,109</u>	<u>733,109</u>	<u>174,417</u>

(\*) Major Program

SMITH, BUZZI & ASSOCIATES, LLC.  
CERTIFIED PUBLIC ACCOUNTANTS  
2103 CORAL WAY, SUITE 305  
MIAMI, FLORIDA 33134  
TEL. (305) 285-2300  
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.  
JOSE E. SMITH, C.P.A.

MEMBERS:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL  
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF  
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of  
Rural Health Network of Monroe County, Florida, Inc.:

We have audited the financial statements of Rural Health Network of Monroe County, Florida, Inc. (the "Network") as of and for the year ended June 30, 2010 and have issued our report thereon dated December 7, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Network's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Network's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Network's internal control over reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Network's Board of Directors, management, and officials of applicable federal and state agencies and is not intended to be used and should not be used by anyone other than those specified parties.

*Smith Baygi & Associates LLC*

December 7, 2010

SMITH, BUZZI & ASSOCIATES, LLC.  
CERTIFIED PUBLIC ACCOUNTANTS  
2103 CORAL WAY, SUITE 305  
MIAMI, FLORIDA 33134  
TEL. (305) 285-2300  
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.  
JOSE E. SMITH, C.P.A.

MEMBERS:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH  
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL  
CONTROL OVER COMPLIANCE IN ACCORDANCE  
WITH OMB CIRCULAR A-133

To the Board of Directors of  
Rural Health Network of Monroe County, Florida, Inc.:

Compliance

We have audited the compliance of Rural Health Network of Monroe County, Florida, Inc. (the "Network") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2010. The Network's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Network's management. Our responsibility is to express an opinion on the Network's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Network's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Network's compliance with those requirements.

In our opinion, the Network complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2010.

### Internal Control Over Compliance

The management of the Network is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Network's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the Network's Board of Directors, management, and officials of applicable federal and state agencies and is not intended to be used and should not be used by anyone other than those specified parties.

*Smith Bayly & Associates LLC*

December 7, 2010

SMITH, BUZZI & ASSOCIATES, LLC.  
CERTIFIED PUBLIC ACCOUNTANTS  
2103 CORAL WAY, SUITE 305  
MIAMI, FLORIDA 33134  
TEL. (305) 285-2300  
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.  
JOSE E. SMITH, C.P.A.

MEMBERS:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND INTERNAL CONTROL OVER  
COMPLIANCE APPLICABLE TO EACH MAJOR FEDERAL AWARDS  
PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT

To the Board of Directors of  
Rural Health Network of Monroe County, Florida, Inc.:

We have audited the compliance of Rural Health Network of Monroe County, Florida, Inc. (the "Network") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2010. The Network's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of the Network's management. Our responsibility is to express an opinion on the Network's compliance based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"; and Chapter 10.650 Rules of the Auditor General. Those standards, OMB Circular A-133, and Chapter 10.650 Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal award program or state financial assistance projects occurred. An audit includes examining, on a test basis, evidence about the Network's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Network's compliance with those requirements.

In our opinion, the Network complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the year ended June 30, 2010.

### Internal Control Over Compliance

The management of the Network is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal awards programs and state financial assistance projects. In planning and performing our audit, we considered the Network internal control over compliance with requirements that could have a direct and material effect on a major federal award program or state financial assistance projects in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal awards program or state financial assistance projects being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Smith Buzi & Associates LLC*

December 7, 2010



RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2010

Section I - Summary of Auditor's Results

**Financial Statements**

Type of auditor's report issued: Unqualified

Internal control over financial reporting:

Material weakness(es) identified? ☐ Yes ☒ No

Reportable condition(s) identified not considered to be material weaknesses? ☐ Yes ☒ None reported

Noncompliance material to financial statements noted: ☐ Yes ☒ No

**Federal Awards**

Internal control over major programs:

Material weakness(es) identified? ☐ Yes ☒ No

Reportable condition(s) identified not considered to be material weaknesses? ☐ Yes ☒ None reported

Type of auditor's report issued on compliance for major programs: Unqualified

Any audit findings disclosed that are required to be reported in accordance with Circular A-133, Section 510(a)? ☐ Yes ☒ No

Identification of major programs:

CFDA Number(s) Name of Federal Program or Cluster

See # 5 below

Dollar threshold used to distinguish between Type A and Type B programs: \$300,000

Auditee qualified as low-risk auditee? ☒ Yes ☐ No

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2010

Summary of Auditor's Results

1. The auditors' report expresses an unqualified opinion on the financial statements of Rural Health Network of Monroe County, Florida, Inc. ("RHNMCI").
2. No reportable conditions were reported for the audit of the financial statements.
3. No reportable conditions were reported for the audit of the major federal award programs.
4. The auditors' report on compliance for the major federal award programs for RHNMCI expresses an unqualified opinion.
5. The programs tested as major programs included:

<u>PROGRAM TITLE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>EXPENDITURES</u>
Rural Health Outreach Program Services	93.912	\$150,000

6. The threshold for distinguishing Types A and B programs was \$300,000.
7. RHNMCI was determined to be a low-risk auditee.

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

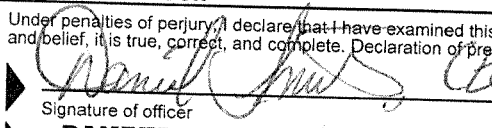
<b>A</b> For the 2009 calendar year, or tax year beginning <b>07/01/09</b> , and ending <b>06/30/10</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RURAL HEALTH NETWORK OF MONROE CO, FLORIDA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 500370</b> Room/suite City or town, state or country, and ZIP + 4 <b>MARATHON FL 33050-0370</b>
	<b>D</b> Employer identification number <b>65-0474953</b>
	<b>E</b> Telephone number <b>305-293-7570</b>
	<b>G</b> Gross receipts <b>1,668,473</b>
	<b>F</b> Name and address of principal officer: <b>DANIEL SMITH</b> <b>237 EAST CAHILL COURT</b> <b>BIG PINE KEY FL 33043</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>WWW.RHNMCM.ORG</b>	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>M</b> State of legal domicile:	

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IMPROVEMENT OF COMM. HEALTH CARE</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b> <b>21</b>
<b>Revenue</b>	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>744,844</b> <b>Current Year</b> <b>736,684</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>762,605</b> <b>931,789</b>
<b>Expenses</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,507,449</b> <b>1,668,473</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>593,455</b> <b>587,785</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>789,734</b> <b>931,427</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,383,189</b> <b>1,519,212</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>124,260</b> <b>149,261</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>586,986</b> <b>End of Year</b> <b>766,775</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>339,520</b> <b>370,048</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>247,466</b> <b>396,727</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  <b>DANIEL SMITH</b> Type or print name and title		Date <b>12-19-2010</b> <b>EX. DIRECTOR</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Smith, Ortiz, Gomez and Buzzi, PA</b> <b>132 Minorca Avenue</b> <b>Coral Gables, FL 33134</b>	<b>12/14/10</b>	<input type="checkbox"/>	<b>P00853282</b>
May the IRS discuss this return with the preparer shown above? (see instructions)			EIN ▶ <b>65-0232836</b>	Phone no. ▶ <b>305-441-1012</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **2****Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**IMPROVEMENT OF COMM. HEALTH CARE**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

☐ Yes ☒ No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,020,000** including grants of\$ ) (Revenue \$ )  
**PRIMARY HEALTH CARE FOR THE UNINSURED AND THE HOMELESS**4b (Code: ) (Expenses \$ **271,702** including grants of\$ ) (Revenue \$ )  
**COMMUNITY OUTREACH TO THE HOMELESS**4c (Code: ) (Expenses \$ **37,572** including grants of\$ ) (Revenue \$ )  
**CHILDREN'S HEALTH INSURANCE COORDINATION (STATE AND FED TITLE XXI)**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **189,938** including grants of\$ )4e Total program service expenses ► **1,519,212** (Revenue \$ )

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **3****Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		<b>X</b>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<b>X</b>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

Form **990** (2009)

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **4****Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Form **990** (2009)

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **5****Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b> 7		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			<b>X</b>
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 21		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>X</b>
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		

Form **990** (2009)

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **6**

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
10b		
11	X	
11a		
12a	X	
b		
12b	X	
c		
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
15b		
16a		X
b		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DANIEL SMITH PHD MBA** **237 EAST CAHILL COURT**  
**BIG PINE KEY** **FL 33043**





BOARD MEMBERS 6/30/2010

Name	Office Field	Region of Monroe	Affiliation/Title/Phone	Monroe	Yrs. of Serv.	Term Exp.
<b>Non Profit Organization Volunteer GOVERNING BOARD (Currently 14 seats)</b>						
1. Rev. Marney Brown	Director	Lower Keys	Consumer, 305-872-9119	yes	4	2013
2. Dorothy Clever	Secretary	Lower Keys	Consumer, 305-923-9714	yes	5	2013
3. open	Director			yes		2010
4. open	Director		Fishermen's Hospital, CNO, 305-289-6403	yes		PERM
5. Rick Freeburg	Director	Upper Keys	Mariner's Hospital, CEO, 305-343-1582	yes	0.25	PERM
6. Robert Luse, Vice Chair	Vice Chair	Upper Keys	Community-at-large, 305-852-2588	yes	10	2010
7. Sylvia Murphy, Commissioner	Director	County	County Government, 305-453-8787	yes	2	PERM
8. Jack Bridges, Esq.- Chair	Chair	Upper Keys	Community-at-large, 305-619-1969	yes	0.5	2013
9. Dirk Smits, Esq.	Director	Upper Keys	Community-at-large, 305-664-4675	yes	5	2010
10. Dave Ostway, MPH	Treasurer	Lower Keys	Lower Keys Hospital Taxing District, 305-295-8261	yes	0.5	2013
11. Liz Kern, BSN, MS, RN	Director	Lower Keys	Visiting Nurse Association & Hospice of the Florida Keys, Inc., 305-294-8912	yes	1	2012
12. Chris Clark, RN	Director	Upper Keys	Monroe County Health Dept., RN, 305-853-3238	yes	2	PERM
13. Susanne Imperato, RN	Director	Middle Keys	Children's Medical Services, RN, 305-289-2779	yes	2	2012
14. Maylar Lowe-Wadler	Director	Lower Keys	Lower Keys Medical Center, COO, 305-294-9200	yes	2	PERM

RHN Board 04.13.2010 Board as of 03/30/2010

NOTE: All board members live and work in Monroe County, Florida



Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **9****Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	733,109			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,575			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>736,684</b>			
<b>Program Service Revenue</b>	2a <b>Program Service Revenue</b>	Busn. Code				
	b <b>MEMBERSHIP DUES</b>		921,789	921,789		
	c		10,000	10,000		
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>931,789</b>			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
11a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total Revenue. See instructions.</b>		<b>1,668,473</b>	<b>931,789</b>	<b>0</b>	<b>0</b>	

Form **990** (2009)

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	526,226	526,226		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	22,738	22,738		
10 Payroll taxes	38,821	38,821		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,610	7,610		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	149,012	149,012		
17 Travel	22,139	22,139		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,677	2,677		
20 Interest	18,325	18,325		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,924	19,924		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DENTAL CARE PROGRAM	475,994	475,994		
b OFFICE SUPPLIES & OPERATING	73,571	73,571		
c INSURANCE	40,316	40,316		
d TELEPHONE	26,037	26,037		
e REPAIRS AND MAINTENANCE	21,026	21,026		
f All other expenses	74,796	74,796		
25 Total functional expenses. Add lines 1 through 24f	1,519,212	1,519,212		
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

DAA

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **11****Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing .....	215,601	1	144,165
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	14,052	4	174,417
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 535,011		
	b Less: accumulated depreciation .....	10b 92,803	352,594	10c 442,208
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	4,739	15	5,985
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	586,986	16	766,775	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	83,419	17	42,547
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	256,101	25	327,501
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	339,520	26	370,048
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets .....			27	
28 Temporarily restricted net assets .....		-105,128	28	-45,481
29 Permanently restricted net assets .....		352,594	29	442,208
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds .....			30	
31 Paid-in or capital surplus, or land, building, or equipment fund .....			31	
32 Retained earnings, endowment, accumulated income, or other funds .....			32	
33 <b>Total net assets or fund balances</b> .....		247,466	33	396,727
34 <b>Total liabilities and net assets/fund balances</b> .....		586,986	34	766,775

Form **990** (2009)

Form 990 (2009) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **12****Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>X</b>
b Were the organization's financial statements audited by an independent accountant? .....		<b>X</b>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form **990** (2009)





Schedule A (Form 990 or 990-EZ) 2009 **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**

Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	911,358	873,903	593,523	749,844	743,109	3,871,737
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	911,358	873,903	593,523	749,844	743,109	3,871,737
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						3,704,302
						167,435

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	911,358	873,903	593,523	749,844	743,109	3,871,737
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						3,871,737
12 Gross receipts from related activities, etc. (see instructions)					12	931,789
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	4.32 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**

Page 3

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

DAA

## Part IV

**Supplemental information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**RURAL HEALTH NETWORK OF MONROE CO,  
FLORIDA**

Employer identification number

**65-0474953****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_ \_ \_ \_ \_

(ii) Assets included in Form 990, Part X ▶ \$ \_ \_ \_ \_ \_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_ \_ \_ \_ \_

b Assets included in Form 990, Part X ▶ \$ \_ \_ \_ \_ \_

Schedule D (Form 990) 2009 **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **2****Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition  
☐ b Scholarly research

☐ c Preservation for future generations☐ d Loan or exchange programs☐ e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIV and complete the following table: ☐ Yes ☐ No

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		535,011	92,803	442,208
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				442,208

Schedule D (Form 990) 2009



Schedule D (Form 990) 2009 **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**Page **4****Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,668,473
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,519,212
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	149,261
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	149,261

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,668,473
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,668,473
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,668,473

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,519,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,519,212
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,519,212

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV Supplemental Information** (continued)

---

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
InspectionName of the organization **RURAL HEALTH NETWORK OF MONROE CO,  
FLORIDA**Employer identification number  
**65-0474953**

Form 990, Part III, Line 4d - All Other Achievements

**OTHER PROGRAM SERVICES**Form 990, Part VI, Line 11A - Organization's Process to Review Form 990  
REVIEWED BY FINANCE MANAGEMENT AND SENT TO BOARD FOR APPROVAL TO FILE.Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
BOARD REVIEWS CONFLICTS ANNUALLY OR WHEN REQUIREDForm 990, Part VI, Line 15a - Compensation Process for Top Official  
APPROVED BY BIOARD BASED ON PREVAILING SALARIES IN LOCAL AREAForm 990, Part VI, Line 15b - Compensation Process for Officers  
DETERMINED BY EXECUTIVE DIRECTOR AND APPROVED BY BOARDForm 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
UPON REQUEST

**Federal Statements**

**Form 990, Part IX, Line 24f - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
ADVERTISING	\$ 20,221	20,221		
GRANTS AND DIRECT ASSIST	11,943	11,943		
UTILITIES	9,906	9,906		
COMPUTER NETWORK	9,354	9,354		
BANK CHARGES	7,823	7,823		
MEDIVAN COSTS	6,997	6,997		
REAL ESTATE TAXES	4,898	4,898		
POSTAGE	2,715	2,715		
LICENSES AND PERMITS	939	939		
Total	\$ 74,796	\$ 74,796	\$ 0	\$ 0

**Federal Statements**

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ 3,781,737	\$ 3,704,302
Total	\$ 3,781,737	\$ 3,704,302

Form **8868**  
(Rev. April 2009)  
Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>RURAL HEALTH NETWORK OF MONROE CO, FLORIDA</b>	Employer identification number <b>65-0474953</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 500370</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MARATHON FL 33050-0370</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **DANIEL SMITH PHD MBA**

Telephone No. ▶ FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year ☐ or
- ▶ ☒ tax year beginning **07/01/09**, and ending **06/30/10**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

# Clinic Fee Schedule For Review

Attachment(s) **I**

		POVERTY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Code	Code and Description	100% - 250%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
		100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	201-250%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		\$ 10	\$ 11	\$ 12	\$ 13	\$ 14	\$ 15	\$ 16	\$ 17	\$ 18	\$ 19	\$ 20	\$ 21	\$ 22	\$ 23																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		05/01/10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														</

# Clinic Fee Schedule For Review

POVERTY														
Code	Code and Description	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	201-250%	
		\$ 10	\$ 11	\$ 12	\$ 13	\$ 14	\$ 15	\$ 16	\$ 17	\$ 18	\$ 19	\$ 20	05/01/10	
D2391	ResinComp1SurfPosterior	\$ 50	\$ 53	\$ 56	\$ 60	\$ 63	\$ 66	\$ 69	\$ 72	\$ 76	\$ 79	\$ 82	\$ 82	
D2392	ResinComp2SurfPosterior	\$ 77	\$ 83	\$ 90	\$ 96	\$ 102	\$ 109	\$ 115	\$ 121	\$ 127	\$ 134	\$ 140	\$ 140	
D2393	ResinComp3SurfPosterior	\$ 90	\$ 99	\$ 108	\$ 117	\$ 126	\$ 135	\$ 144	\$ 153	\$ 162	\$ 171	\$ 180	\$ 180	
D2394	ResinComp4SurfPosterior	\$ 111	\$ 119	\$ 127	\$ 135	\$ 143	\$ 151	\$ 158	\$ 166	\$ 174	\$ 182	\$ 190	\$ 190	
D2542	Onlay-metallic-two surfaces	\$ 570	\$ 580	\$ 590	\$ 600	\$ 610	\$ 620	\$ 630	\$ 640	\$ 650	\$ 660	\$ 670	\$ 670	
D2543	Onlay-metallic-three surfaces	\$ 500	\$ 520	\$ 540	\$ 560	\$ 580	\$ 600	\$ 620	\$ 640	\$ 660	\$ 680	\$ 700	\$ 700	
D2544	Onlay-metallic-four + surface	\$ 550	\$ 570	\$ 590	\$ 610	\$ 630	\$ 650	\$ 670	\$ 690	\$ 710	\$ 730	\$ 750	\$ 750	
D2610	Inlay-porcel/ceramic - 1 surf	\$ 240	\$ 250	\$ 260	\$ 270	\$ 280	\$ 290	\$ 300	\$ 310	\$ 320	\$ 330	\$ 340	\$ 340	
D2620	Inlay-porcel/ceramic - 2 surf	\$ 270	\$ 280	\$ 290	\$ 300	\$ 310	\$ 320	\$ 330	\$ 340	\$ 350	\$ 360	\$ 370	\$ 370	
D2630	Inlay-porcel/ceramic - 3+ surf	\$ 320	\$ 330	\$ 340	\$ 350	\$ 360	\$ 370	\$ 380	\$ 390	\$ 400	\$ 410	\$ 420	\$ 420	
D2642	Onlay-porcel/ceram - 2 surf	\$ 620	\$ 630	\$ 640	\$ 650	\$ 660	\$ 670	\$ 680	\$ 690	\$ 700	\$ 710	\$ 720	\$ 720	
D2643	Onlay-porcel/ceram - 3 surf	\$ 635	\$ 645	\$ 655	\$ 665	\$ 675	\$ 685	\$ 695	\$ 705	\$ 715	\$ 725	\$ 735	\$ 735	
D2644	Onlay-porcel/ceram - 4+ surf	\$ 670	\$ 680	\$ 690	\$ 700	\$ 710	\$ 720	\$ 730	\$ 740	\$ 750	\$ 760	\$ 770	\$ 770	
D2740	Crown-porcel/ceramic suit	\$ 620	\$ 644	\$ 668	\$ 692	\$ 716	\$ 740	\$ 764	\$ 788	\$ 812	\$ 836	\$ 860	\$ 860	
D2750	Crown-porcel/ceramic suit	\$ 470	\$ 497	\$ 524	\$ 551	\$ 578	\$ 605	\$ 632	\$ 659	\$ 686	\$ 713	\$ 740	\$ 740	
D2751	CrownFusdBaseMetal	\$ 470	\$ 480	\$ 490	\$ 500	\$ 510	\$ 520	\$ 530	\$ 540	\$ 550	\$ 560	\$ 570	\$ 570	
D2752	CrownPorcelainNoble	\$ 470	\$ 497	\$ 524	\$ 551	\$ 578	\$ 605	\$ 632	\$ 659	\$ 686	\$ 713	\$ 740	\$ 740	
D2780	Crown-3/4 cast high noble m	\$ 470	\$ 497	\$ 524	\$ 551	\$ 578	\$ 605	\$ 632	\$ 659	\$ 686	\$ 713	\$ 740	\$ 740	
D2783	Crown-3/4 porcelain/ceramic	\$ 470	\$ 497	\$ 524	\$ 551	\$ 578	\$ 605	\$ 632	\$ 659	\$ 686	\$ 713	\$ 740	\$ 740	
D2790	CrownFullCastHighNoble	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 800	
D2799	Provisional Crown	\$ 65	\$ 68	\$ 71	\$ 74	\$ 77	\$ 80	\$ 83	\$ 86	\$ 89	\$ 92	\$ 95	\$ 95	
D2910	Replacement Inlay	\$ 15	\$ 17	\$ 18	\$ 20	\$ 21	\$ 23	\$ 24	\$ 26	\$ 27	\$ 29	\$ 30	\$ 30	
D2915	Replacement Cast or Prefab	\$ 40	\$ 43	\$ 45	\$ 48	\$ 50	\$ 53	\$ 55	\$ 58	\$ 60	\$ 63	\$ 65	\$ 65	
D2920	Replacement Crown	\$ 20	\$ 22	\$ 24	\$ 26	\$ 28	\$ 30	\$ 32	\$ 34	\$ 36	\$ 38	\$ 40	\$ 40	
D2930	PrefbStnStnCmPri	\$ 60	\$ 66	\$ 72	\$ 78	\$ 84	\$ 90	\$ 96	\$ 102	\$ 108	\$ 114	\$ 120	\$ 120	
D2931	PrefbStnStnCmPer	\$ 58	\$ 62	\$ 65	\$ 69	\$ 73	\$ 77	\$ 80	\$ 84	\$ 88	\$ 91	\$ 95	\$ 95	
D2932	PrefabResinCrown	\$ 80	\$ 88	\$ 96	\$ 104	\$ 112	\$ 120	\$ 128	\$ 136	\$ 144	\$ 152	\$ 160	\$ 160	
D2933	" " " Window	\$ 70	\$ 77	\$ 84	\$ 91	\$ 98	\$ 105	\$ 112	\$ 119	\$ 126	\$ 133	\$ 140	\$ 140	
D2940	Sedative Temp	\$ 58	\$ 60	\$ 62	\$ 64	\$ 66	\$ 68	\$ 70	\$ 72	\$ 74	\$ 76	\$ 78	\$ 78	
D2950	CoreBldupIncPins	\$ 63	\$ 69	\$ 75	\$ 82	\$ 88	\$ 94	\$ 100	\$ 106	\$ 113	\$ 119	\$ 125	\$ 125	
D2951	Pin retention-tooth(+rest)	\$ 40	\$ 41	\$ 42	\$ 43	\$ 44	\$ 45	\$ 46	\$ 47	\$ 48	\$ 49	\$ 50	\$ 50	
D2952	Post/Core+CrownIndir.Fabric	\$ 155	\$ 165	\$ 175	\$ 185	\$ 195	\$ 205	\$ 215	\$ 225	\$ 235	\$ 245	\$ 255	\$ 255	
D2954	prefabp&stncre/crown	\$ 88	\$ 97	\$ 106	\$ 114	\$ 123	\$ 132	\$ 141	\$ 150	\$ 158	\$ 167	\$ 176	\$ 176	
D2955	Post removal (not with endo)	\$ 135	\$ 139	\$ 143	\$ 147	\$ 151	\$ 155	\$ 159	\$ 163	\$ 167	\$ 171	\$ 175	\$ 175	
D2970	TempCrown(frctoth)	\$ 60	\$ 66	\$ 72	\$ 78	\$ 84	\$ 90	\$ 96	\$ 102	\$ 108	\$ 114	\$ 120	\$ 120	
D2971	Add'l prc-new crn undr exs d	\$ 55	\$ 57	\$ 59	\$ 61	\$ 63	\$ 65	\$ 67	\$ 69	\$ 71	\$ 73	\$ 75	\$ 75	
D2980	Crownrepair/report	\$ 50	\$ 55	\$ 60	\$ 65	\$ 70	\$ 75	\$ 80	\$ 85	\$ 90	\$ 95	\$ 100	\$ 100	
D3110	Pulp cap-direct, (+rest)	\$ 35	\$ 37	\$ 38	\$ 40	\$ 41	\$ 43	\$ 44	\$ 46	\$ 47	\$ 49	\$ 50	\$ 50	



# Clinic Fee Schedule For Review

Code	Code and Description	POVERTY																			
		100%																			
		\$ 10	\$ 11	\$ 12	\$ 13	\$ 14	\$ 15	\$ 16	\$ 17	\$ 18	\$ 19	\$ 20	\$ 21	\$ 22	\$ 23	\$ 24	\$ 25	\$ 26	\$ 27	\$ 28	\$ 29
		05/01/10																			
D3120	D3120 Pulp cap-indirect (+rest)	\$ 35	\$ 37	\$ 38	\$ 40	\$ 41	\$ 43	\$ 44	\$ 46	\$ 47	\$ 49	\$ 50	\$ 51	\$ 52	\$ 53	\$ 54	\$ 55	\$ 56	\$ 57	\$ 58	\$ 59
D3220	D3220 Therapeutic Pulpotomy	\$ 47	\$ 52	\$ 56	\$ 61	\$ 65	\$ 70	\$ 75	\$ 79	\$ 84	\$ 88	\$ 93	\$ 98	\$ 103	\$ 108	\$ 113	\$ 118	\$ 123	\$ 128	\$ 133	\$ 138
D3221	D3221 Pulpal debridement-prim/per t	\$ 80	\$ 84	\$ 88	\$ 92	\$ 96	\$ 100	\$ 104	\$ 108	\$ 112	\$ 116	\$ 120	\$ 124	\$ 128	\$ 132	\$ 136	\$ 140	\$ 144	\$ 148	\$ 152	\$ 156
D3222	D3222 Partial pulpotomy for Apexog	\$ 60	\$ 64	\$ 68	\$ 72	\$ 76	\$ 80	\$ 84	\$ 88	\$ 92	\$ 96	\$ 100	\$ 104	\$ 108	\$ 112	\$ 116	\$ 120	\$ 124	\$ 128	\$ 132	\$ 136
D3230	D3230 PulpalTherAnt.Primary	\$ 95	\$ 104	\$ 113	\$ 122	\$ 131	\$ 140	\$ 149	\$ 158	\$ 167	\$ 176	\$ 185	\$ 194	\$ 203	\$ 212	\$ 221	\$ 230	\$ 239	\$ 248	\$ 257	\$ 266
D3240	D3240 PulpTherpostprith	\$ 110	\$ 120	\$ 129	\$ 139	\$ 148	\$ 158	\$ 167	\$ 177	\$ 186	\$ 196	\$ 205	\$ 215	\$ 224	\$ 233	\$ 242	\$ 251	\$ 260	\$ 269	\$ 278	\$ 287
D3310	D3310 RootCnfrmtanterior	\$ 300	\$ 315	\$ 330	\$ 345	\$ 360	\$ 375	\$ 390	\$ 405	\$ 420	\$ 435	\$ 450	\$ 465	\$ 480	\$ 495	\$ 510	\$ 525	\$ 540	\$ 555	\$ 570	\$ 585
D3320	D3320 RootCnfrmtbicusp	\$ 350	\$ 365	\$ 380	\$ 395	\$ 410	\$ 425	\$ 440	\$ 455	\$ 470	\$ 485	\$ 500	\$ 515	\$ 530	\$ 545	\$ 560	\$ 575	\$ 590	\$ 605	\$ 620	\$ 635
D3330	D3330 Root canal therapy - molar	\$ 375	\$ 405	\$ 435	\$ 465	\$ 495	\$ 525	\$ 555	\$ 585	\$ 615	\$ 645	\$ 675	\$ 705	\$ 735	\$ 765	\$ 795	\$ 825	\$ 855	\$ 885	\$ 915	\$ 945
D3332	D3332 Incompt endo ther-inopbl/un	\$ 120	\$ 124	\$ 128	\$ 132	\$ 136	\$ 140	\$ 144	\$ 148	\$ 152	\$ 156	\$ 160	\$ 164	\$ 168	\$ 172	\$ 176	\$ 180	\$ 184	\$ 188	\$ 192	\$ 196
D3346	D3346 RootCnfrmtAnt	\$ 350	\$ 362	\$ 374	\$ 386	\$ 398	\$ 410	\$ 422	\$ 434	\$ 446	\$ 458	\$ 470	\$ 482	\$ 494	\$ 506	\$ 518	\$ 530	\$ 542	\$ 554	\$ 566	\$ 578
D3347	D3347 RootCnfrmtCusp	\$ 370	\$ 398	\$ 426	\$ 454	\$ 482	\$ 510	\$ 538	\$ 566	\$ 594	\$ 622	\$ 650	\$ 678	\$ 706	\$ 734	\$ 762	\$ 790	\$ 818	\$ 846	\$ 874	\$ 902
D3351	D3351 Apex/RecalcinitiaIst	\$ 80	\$ 81	\$ 82	\$ 83	\$ 84	\$ 85	\$ 86	\$ 87	\$ 88	\$ 89	\$ 90	\$ 91	\$ 92	\$ 93	\$ 94	\$ 95	\$ 96	\$ 97	\$ 98	\$ 99
D3352	D3352 150	\$ 80	\$ 81	\$ 82	\$ 83	\$ 84	\$ 85	\$ 86	\$ 87	\$ 88	\$ 89	\$ 90	\$ 91	\$ 92	\$ 93	\$ 94	\$ 95	\$ 96	\$ 97	\$ 98	\$ 99
D3353	D3353 Apex/RecFinVist(inc.comp.R	\$ 265	\$ 292	\$ 318	\$ 345	\$ 371	\$ 398	\$ 424	\$ 451	\$ 477	\$ 504	\$ 530	\$ 556	\$ 582	\$ 608	\$ 634	\$ 660	\$ 686	\$ 712	\$ 738	\$ 764
D3410	D3410 Apico/Peiradic surg-ant	\$ 340	\$ 344	\$ 348	\$ 352	\$ 356	\$ 360	\$ 364	\$ 368	\$ 372	\$ 376	\$ 380	\$ 384	\$ 388	\$ 392	\$ 396	\$ 400	\$ 404	\$ 408	\$ 412	\$ 416
D3421	D3421 Apicoect/Perirad-bicus/1st ro	\$ 340	\$ 344	\$ 348	\$ 352	\$ 356	\$ 360	\$ 364	\$ 368	\$ 372	\$ 376	\$ 380	\$ 384	\$ 388	\$ 392	\$ 396	\$ 400	\$ 404	\$ 408	\$ 412	\$ 416
D3425	D3425 Apicoect/Perirad-molar/1st ro	\$ 440	\$ 444	\$ 448	\$ 452	\$ 456	\$ 460	\$ 464	\$ 468	\$ 472	\$ 476	\$ 480	\$ 484	\$ 488	\$ 492	\$ 496	\$ 500	\$ 504	\$ 508	\$ 512	\$ 516
D3426	D3426 Apicoect/Perirad (each + roo	\$ 160	\$ 162	\$ 164	\$ 166	\$ 168	\$ 170	\$ 172	\$ 174	\$ 176	\$ 178	\$ 180	\$ 182	\$ 184	\$ 186	\$ 188	\$ 190	\$ 192	\$ 194	\$ 196	\$ 198
D3450	D3450 Root amputation-per root	\$ 110	\$ 124	\$ 138	\$ 152	\$ 166	\$ 180	\$ 194	\$ 208	\$ 222	\$ 236	\$ 250	\$ 264	\$ 278	\$ 292	\$ 306	\$ 320	\$ 334	\$ 348	\$ 362	\$ 376
D3999	D3999 Unspecified endo procedure,	\$ 100	\$ 101	\$ 102	\$ 103	\$ 104	\$ 105	\$ 106	\$ 107	\$ 108	\$ 109	\$ 110	\$ 111	\$ 112	\$ 113	\$ 114	\$ 115	\$ 116	\$ 117	\$ 118	\$ 119
D4249	D4249 Clinical crown lengthen-hard	\$ 310	\$ 320	\$ 330	\$ 340	\$ 350	\$ 360	\$ 370	\$ 380	\$ 390	\$ 400	\$ 410	\$ 420	\$ 430	\$ 440	\$ 450	\$ 460	\$ 470	\$ 480	\$ 490	\$ 500
D4341	D4341 ScalpRootPinQuad	\$ 75	\$ 83	\$ 90	\$ 98	\$ 105	\$ 113	\$ 120	\$ 128	\$ 135	\$ 143	\$ 150	\$ 157	\$ 164	\$ 171	\$ 178	\$ 185	\$ 192	\$ 199	\$ 206	\$ 213
D4342	D4342 Pero scale&root pin-1-3th, qu	\$ 75	\$ 83	\$ 90	\$ 98	\$ 105	\$ 113	\$ 120	\$ 128	\$ 135	\$ 143	\$ 150	\$ 157	\$ 164	\$ 171	\$ 178	\$ 185	\$ 192	\$ 199	\$ 206	\$ 213
D4355	D4355 Full mouth debridement eval	\$ 75	\$ 78	\$ 80	\$ 83	\$ 85	\$ 88	\$ 90	\$ 93	\$ 95	\$ 98	\$ 100	\$ 102	\$ 104	\$ 106	\$ 108	\$ 110	\$ 112	\$ 114	\$ 116	\$ 118
D4381	D4381 LocalAntimicrbag-th R/Rares	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
D4910	D4910 Periodontal Maintenance	\$ 65	\$ 67	\$ 68	\$ 70	\$ 71	\$ 73	\$ 74	\$ 76	\$ 77	\$ 79	\$ 80	\$ 81	\$ 82	\$ 83	\$ 84	\$ 85	\$ 86	\$ 87	\$ 88	\$ 89
D4999	D4999 Unspecified Pero proced, B/f	\$ 60	\$ 61	\$ 62	\$ 63	\$ 64	\$ 65	\$ 66	\$ 67	\$ 68	\$ 69	\$ 70	\$ 71	\$ 72	\$ 73	\$ 74	\$ 75	\$ 76	\$ 77	\$ 78	\$ 79
D5110	D5110 Complete Denture - maxillary	\$ 450	\$ 479	\$ 508	\$ 537	\$ 566	\$ 595	\$ 624	\$ 653	\$ 682	\$ 711	\$ 740	\$ 769	\$ 798	\$ 827	\$ 856	\$ 885	\$ 914	\$ 943	\$ 972	\$ 1001
D5120	D5120 Complete denture - mandibu	\$ 450	\$ 479	\$ 508	\$ 537	\$ 566	\$ 595	\$ 624	\$ 653	\$ 682	\$ 711	\$ 740	\$ 769	\$ 798	\$ 827	\$ 856	\$ 885	\$ 914	\$ 943	\$ 972	\$ 1001
D5130	D5130 Immediate denture - maxillar	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 830	\$ 860	\$ 890	\$ 920	\$ 950	\$ 980	\$ 1010	\$ 1040	\$ 1070
D5140	D5140 Immediate denture - mandib	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 830	\$ 860	\$ 890	\$ 920	\$ 950	\$ 980	\$ 1010	\$ 1040	\$ 1070
D5211	D5211 Maxillary partial - resin base	\$ 450	\$ 479	\$ 508	\$ 537	\$ 566	\$ 595	\$ 624	\$ 653	\$ 682	\$ 711	\$ 740	\$ 769	\$ 798	\$ 827	\$ 856	\$ 885	\$ 914	\$ 943	\$ 972	\$ 1001
D5212	D5212 Mandibular partial - resin bas	\$ 450	\$ 479	\$ 508	\$ 537	\$ 566	\$ 595	\$ 624	\$ 653	\$ 682	\$ 711	\$ 740	\$ 769	\$ 798	\$ 827	\$ 856	\$ 885	\$ 914	\$ 943	\$ 972	\$ 1001
D5213	D5213 Maxil pratial-metal Base W/s	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 830	\$ 860	\$ 890	\$ 920	\$ 950	\$ 980	\$ 1010	\$ 1040	\$ 1070
D5214	D5214 Mand pratial-metal base w/s	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 830	\$ 860	\$ 890	\$ 920	\$ 950	\$ 980	\$ 1010	\$ 1040	\$ 1070
D5225	D5225 Maxil partial-flex base incl cl	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 830	\$ 860	\$ 890	\$ 920	\$ 950	\$ 980	\$ 1010	\$ 1040	\$ 1070
D5226	D5226 Mand Partial Flex Base Inc	\$ 500	\$ 530	\$ 560	\$ 590	\$ 620	\$ 650	\$ 680	\$ 710	\$ 740	\$ 770	\$ 800	\$ 830	\$ 860	\$ 890	\$ 920	\$ 950	\$ 980	\$ 1010	\$ 1040	\$ 1070

# Clinic Fee Schedule For Review

POVERTY													
		100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	201-250%
Code	Code and Description	\$ 10	\$ 11	\$ 12	\$ 13	\$ 14	\$ 15	\$ 16	\$ 17	\$ 18	\$ 19	\$ 20	\$ 21
		05/01/10										05/01/10	05/01/10
D5281	Removable unilateral part denture	\$ 385	\$ 421	\$ 456	\$ 492	\$ 527	\$ 563	\$ 598	\$ 634	\$ 669	\$ 705	\$ 740	\$ 770
D5410	Adjust complete denture-maxillary	\$ 29	\$ 32	\$ 35	\$ 38	\$ 41	\$ 44	\$ 46	\$ 49	\$ 52	\$ 55	\$ 58	\$ 68
D5411	Adjust complete denture-maxillary	\$ 29	\$ 32	\$ 35	\$ 38	\$ 41	\$ 44	\$ 46	\$ 49	\$ 52	\$ 55	\$ 58	\$ 68
D5421	Adjust partial denture-maxillary	\$ 29	\$ 32	\$ 35	\$ 38	\$ 41	\$ 44	\$ 46	\$ 49	\$ 52	\$ 55	\$ 58	\$ 68
D5422	Adjust partial denture-mandibular	\$ 29	\$ 32	\$ 35	\$ 38	\$ 41	\$ 44	\$ 46	\$ 49	\$ 52	\$ 55	\$ 58	\$ 68
D5510	Repair complete denture base	\$ 83	\$ 91	\$ 99	\$ 108	\$ 116	\$ 124	\$ 132	\$ 140	\$ 149	\$ 157	\$ 165	\$ 190
D5520	Replace teeth-comp dent (each arch)	\$ 83	\$ 88	\$ 93	\$ 99	\$ 104	\$ 109	\$ 114	\$ 119	\$ 125	\$ 130	\$ 135	\$ 165
D5610	Repair partial denture base	\$ 83	\$ 91	\$ 99	\$ 108	\$ 116	\$ 124	\$ 132	\$ 140	\$ 149	\$ 157	\$ 165	\$ 195
D5620	Repair cast framework	\$ 105	\$ 116	\$ 126	\$ 137	\$ 147	\$ 158	\$ 168	\$ 179	\$ 189	\$ 200	\$ 210	\$ 220
D5630	Repair or replace broken clas	\$ 100	\$ 110	\$ 120	\$ 130	\$ 140	\$ 150	\$ 160	\$ 170	\$ 180	\$ 190	\$ 200	\$ 220
D5640	Replace broken P/P teeth/tooth	\$ 75	\$ 82	\$ 88	\$ 95	\$ 101	\$ 108	\$ 114	\$ 121	\$ 127	\$ 134	\$ 140	\$ 155
D5650	Add tooth to exist part denture	\$ 88	\$ 97	\$ 105	\$ 114	\$ 123	\$ 132	\$ 140	\$ 149	\$ 158	\$ 166	\$ 175	\$ 195
D5660	Add clasp, exist part denture	\$ 68	\$ 75	\$ 81	\$ 88	\$ 95	\$ 102	\$ 108	\$ 115	\$ 122	\$ 128	\$ 135	\$ 155
D5710	Rebase complete maxillary dent	\$ 188	\$ 207	\$ 225	\$ 244	\$ 263	\$ 282	\$ 300	\$ 319	\$ 338	\$ 356	\$ 375	\$ 395
D5711	Rebase complete mandibular dent	\$ 188	\$ 207	\$ 225	\$ 244	\$ 263	\$ 282	\$ 300	\$ 319	\$ 338	\$ 356	\$ 375	\$ 395
D5720	Rebase maxillary partial denture	\$ 188	\$ 207	\$ 225	\$ 244	\$ 263	\$ 282	\$ 300	\$ 319	\$ 338	\$ 356	\$ 375	\$ 395
D5721	Rebase mandibular partial denture	\$ 188	\$ 207	\$ 225	\$ 244	\$ 263	\$ 282	\$ 300	\$ 319	\$ 338	\$ 356	\$ 375	\$ 395
D5730	Reline complete maxillary-chairs	\$ 88	\$ 97	\$ 105	\$ 114	\$ 123	\$ 132	\$ 140	\$ 149	\$ 158	\$ 166	\$ 175	\$ 195
D5731	Reline complete mandibular-chairs	\$ 88	\$ 97	\$ 105	\$ 114	\$ 123	\$ 132	\$ 140	\$ 149	\$ 158	\$ 166	\$ 175	\$ 195
D5740	Reline maxillary partial-chairside	\$ 100	\$ 110	\$ 120	\$ 130	\$ 140	\$ 150	\$ 160	\$ 170	\$ 180	\$ 190	\$ 200	\$ 220
D5741	Reline mandibular partial-chairside	\$ 100	\$ 110	\$ 120	\$ 130	\$ 140	\$ 150	\$ 160	\$ 170	\$ 180	\$ 190	\$ 200	\$ 220
D5750	Reline complete maxillary (lab)	\$ 172	\$ 189	\$ 206	\$ 224	\$ 241	\$ 258	\$ 275	\$ 292	\$ 310	\$ 327	\$ 344	\$ 364
D5751	Reline complete maxillary (lab)	\$ 172	\$ 189	\$ 206	\$ 224	\$ 241	\$ 258	\$ 275	\$ 292	\$ 310	\$ 327	\$ 344	\$ 364
D5760	Reline maxillary partial (lab)	\$ 150	\$ 165	\$ 180	\$ 195	\$ 210	\$ 225	\$ 240	\$ 255	\$ 270	\$ 285	\$ 300	\$ 320
D5761	Reline mandibular partial (lab)	\$ 150	\$ 165	\$ 180	\$ 195	\$ 210	\$ 225	\$ 240	\$ 255	\$ 270	\$ 285	\$ 300	\$ 320
D5810	Interim comp denture (maxillary)	\$ 195	\$ 214	\$ 233	\$ 252	\$ 271	\$ 290	\$ 309	\$ 328	\$ 347	\$ 366	\$ 385	\$ 450
D5811	Interim comp denture (mandibular)	\$ 195	\$ 214	\$ 233	\$ 252	\$ 271	\$ 290	\$ 309	\$ 328	\$ 347	\$ 366	\$ 385	\$ 450
D5820	Interim partial denture (maxillary)	\$ 195	\$ 214	\$ 233	\$ 252	\$ 271	\$ 290	\$ 309	\$ 328	\$ 347	\$ 366	\$ 385	\$ 450
D5821	Interim partial denture (mandibular)	\$ 195	\$ 214	\$ 233	\$ 252	\$ 271	\$ 290	\$ 309	\$ 328	\$ 347	\$ 366	\$ 385	\$ 450
D5850	Tissue condition, maxillary	\$ 36	\$ 40	\$ 43	\$ 47	\$ 50	\$ 54	\$ 58	\$ 61	\$ 65	\$ 68	\$ 72	\$ 94



# Clinic Fee Schedule For Review

POVERTY																									
Code	Code and Description	100%		110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	201-250%											
		\$	10	\$	11	\$	12	\$	13	\$	14	\$	15	\$	16	\$	17	\$	18	\$	19	\$	20	\$	21
			05/01/10															05/01/10						05/01/10	
D5851	Tissue condition, mandibular	\$	36	\$	40	\$	43	\$	47	\$	50	\$	54	\$	58	\$	61	\$	65	\$	68	\$	72	\$	94
D5899	Zest Anchor	\$	145	\$	149	\$	152	\$	156	\$	159	\$	163	\$	166	\$	170	\$	173	\$	177	\$	180	\$	185
D6210	Pontic-cast high noble metal	\$	424	\$	462	\$	499	\$	537	\$	574	\$	612	\$	650	\$	687	\$	725	\$	762	\$	800	\$	900
D6240	Pontic-porcelain fused to hnc	\$	424	\$	462	\$	499	\$	537	\$	574	\$	612	\$	650	\$	687	\$	725	\$	762	\$	800	\$	900
D6245	Pontic-porcelain/ceramic	\$	424	\$	462	\$	499	\$	537	\$	574	\$	612	\$	650	\$	687	\$	725	\$	762	\$	800	\$	900
D6253	Provisional pontic	\$	325	\$	343	\$	360	\$	378	\$	395	\$	413	\$	430	\$	448	\$	465	\$	483	\$	500	\$	540
D6609	Onlay-porcelain/ceramic, 3+	\$	650	\$	667	\$	684	\$	701	\$	718	\$	735	\$	752	\$	769	\$	786	\$	803	\$	820	\$	860
D6611	Onlay-cast high nob met, 3+	\$	650	\$	667	\$	684	\$	701	\$	718	\$	735	\$	752	\$	769	\$	786	\$	803	\$	820	\$	860
D6740	Crown-porcelain/ceramic	\$	462	\$	502	\$	542	\$	581	\$	621	\$	661	\$	701	\$	741	\$	780	\$	820	\$	860	\$	950
D6750	Retainer cm-porc fused-hi nob	\$	424	\$	466	\$	507	\$	549	\$	590	\$	632	\$	674	\$	715	\$	757	\$	798	\$	840	\$	900
D6780	Retainer cm-3/4 cast h nob r	\$	424	\$	466	\$	507	\$	549	\$	590	\$	632	\$	674	\$	715	\$	757	\$	798	\$	840	\$	900
D6790	Retainer cm-full cast hi nob	\$	462	\$	502	\$	542	\$	581	\$	621	\$	661	\$	701	\$	741	\$	780	\$	820	\$	860	\$	950
D6793	Provisional Retainer Crown	\$	285	\$	295	\$	305	\$	315	\$	325	\$	335	\$	345	\$	355	\$	365	\$	375	\$	385	\$	400
D6930	Recement fixed partial dentu	\$	70	\$	74	\$	78	\$	82	\$	86	\$	90	\$	94	\$	98	\$	102	\$	106	\$	110	\$	120
D6972	Prefab post/core+ brdg retain	\$	100	\$	108	\$	116	\$	124	\$	132	\$	140	\$	148	\$	156	\$	164	\$	172	\$	180	\$	190
D6973	Core building for retain,inc pi	\$	90	\$	97	\$	104	\$	111	\$	118	\$	125	\$	132	\$	139	\$	146	\$	153	\$	160	\$	170
D6980	Fixed partial dent. Repair, B/	\$	103	\$	111	\$	119	\$	128	\$	136	\$	144	\$	152	\$	160	\$	169	\$	177	\$	185	\$	200
D7110	ExtractionSingleTooth	\$	40	\$	44	\$	48	\$	52	\$	56	\$	60	\$	64	\$	68	\$	72	\$	76	\$	80	\$	88
D7111	Extraction cm1 remnts-decid	\$	40	\$	44	\$	48	\$	52	\$	56	\$	60	\$	64	\$	68	\$	72	\$	76	\$	80	\$	88
D7120	ExtractionAddtlTooth	\$	28	\$	31	\$	33	\$	36	\$	39	\$	42	\$	44	\$	47	\$	50	\$	52	\$	55	\$	65
D7130	Root Removal	\$	40	\$	44	\$	48	\$	52	\$	56	\$	60	\$	64	\$	68	\$	72	\$	76	\$	80	\$	95
D7140	Extract erupted th/exposed r	\$	44	\$	48	\$	53	\$	57	\$	62	\$	66	\$	70	\$	75	\$	79	\$	84	\$	88	\$	108
D7210	Extract surgical/erupt tooth	\$	85	\$	94	\$	102	\$	111	\$	119	\$	128	\$	136	\$	145	\$	153	\$	162	\$	170	\$	189
D7220	Extraction-impacted/soft tis	\$	90	\$	99	\$	108	\$	117	\$	126	\$	135	\$	144	\$	153	\$	162	\$	171	\$	180	\$	233
D7230	Extraction-impacted/part bc	\$	120	\$	128	\$	135	\$	143	\$	150	\$	158	\$	165	\$	173	\$	180	\$	188	\$	195	\$	230
D7240	Extraction-impacted/compl b	\$	130	\$	137	\$	144	\$	151	\$	158	\$	165	\$	172	\$	179	\$	186	\$	193	\$	200	\$	235
D7250	Surgic removal resid tooth ro	\$	115	\$	122	\$	129	\$	136	\$	143	\$	150	\$	157	\$	164	\$	171	\$	178	\$	185	\$	195
D7261	PrimaryClosureSinusPerfora	\$	200	\$	208	\$	216	\$	224	\$	232	\$	240	\$	248	\$	256	\$	264	\$	272	\$	280	\$	300
D7270	Reimplantation/stabilization	\$	160	\$	167	\$	174	\$	181	\$	188	\$	195	\$	202	\$	209	\$	216	\$	223	\$	230	\$	250
D7280	Surgical assess unerupted to	\$	150	\$	160	\$	170	\$	180	\$	190	\$	200	\$	210	\$	220	\$	230	\$	240	\$	250	\$	290
D7286	Biopsy of oral tissue-soft	\$	200	\$	203	\$	206	\$	209	\$	212	\$	215	\$	218	\$	221	\$	224	\$	227	\$	230	\$	250
D7310	Alveoloplasty w/ extract- /qua	\$	100	\$	105	\$	110	\$	115	\$	120	\$	125	\$	130	\$	135	\$	140	\$	145	\$	150	\$	220
D7320	w/o extract /quad	\$	125	\$	133	\$	140	\$	148	\$	155	\$	163	\$	170	\$	178	\$	185	\$	193	\$	200	\$	290
D7410	Simple Extraction	\$	44	\$	49	\$	55	\$	60	\$	66	\$	71	\$	76	\$	82	\$	87	\$	93	\$	98	\$	108
D7510	Incis&drain abscess-intra sof	\$	42	\$	45	\$	49	\$	52	\$	55	\$	59	\$	62	\$	65	\$	68	\$	72	\$	75	\$	150
D7610	Incis&drainabscessoftissue	\$	63	\$	69	\$	75	\$	82	\$	88	\$	94	\$	100	\$	106	\$	113	\$	119	\$	125	\$	150

# Clinic Fee Schedule For Review

		POVERTY																									
Code	Code and Description	100%		110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	201-250%													
		\$	10	\$	11	\$	12	\$	13	\$	14	\$	15	\$	16	\$	17	\$	18	\$	19	\$	20	\$	21		
			05/01/10																					05/01/10		05/01/10	
D7899	D7899 Unspecified TMD therapy, B/	\$	55	\$	57	\$	59	\$	61	\$	63	\$	65	\$	67	\$	69	\$	71	\$	73	\$	75	\$	75	\$	85
D7910	D7910 Suture Small Wond-5cm	\$	70	\$	77	\$	84	\$	91	\$	98	\$	105	\$	112	\$	119	\$	126	\$	133	\$	140	\$	140	\$	158
D7999	D7999 Unspecified oral surg proc. B	\$	120	\$	136	\$	152	\$	168	\$	184	\$	200	\$	216	\$	232	\$	248	\$	264	\$	280	\$	280	\$	320
D8220	D8220 Fixed Appliance Therapy	\$	500	\$	512	\$	524	\$	536	\$	548	\$	560	\$	572	\$	584	\$	596	\$	608	\$	620	\$	620	\$	640
D8692	D8692 Retainer replacement-lost/bro	\$	180	\$	187	\$	194	\$	201	\$	208	\$	215	\$	222	\$	229	\$	236	\$	243	\$	250	\$	250	\$	270
D9110	D9110 Emergency Treatment, pallia	\$	50	\$	52	\$	54	\$	56	\$	58	\$	60	\$	62	\$	64	\$	66	\$	68	\$	70	\$	70	\$	95
D9230	D9230 Nitrous Oxide	\$	30	\$	32	\$	33	\$	35	\$	37	\$	39	\$	40	\$	42	\$	44	\$	45	\$	47	\$	47	\$	50
D9440	D9440 Office Visit After Hours	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60
D9631	D9631 Amoxicillin	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1
D9632	D9632 Clindamycin Each	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1
D9940	D9940 Occlusal guards, by report	\$	210	\$	218	\$	226	\$	234	\$	242	\$	250	\$	258	\$	266	\$	274	\$	282	\$	290	\$	290	\$	325
D9941	D9941 Fabricate athletic mouthguard	\$	90	\$	99	\$	107	\$	116	\$	124	\$	133	\$	141	\$	150	\$	158	\$	167	\$	175	\$	175	\$	190
D9970	D9970 Enamel microabrasion	\$	45	\$	48	\$	50	\$	53	\$	55	\$	58	\$	60	\$	63	\$	65	\$	68	\$	70	\$	70	\$	75
D9971	D9971 Odontoplasty 1-2 teeth-rmv e	\$	60	\$	63	\$	66	\$	69	\$	72	\$	75	\$	78	\$	81	\$	84	\$	87	\$	90	\$	90	\$	105
D9972	D9972 External bleach-per arch/in h	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150	\$	150
D9972.	D9972. Ext Blch-Homocare	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125	\$	125
D9973	D9973 External bleaching-per tooth	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225	\$	225
D9974	D9974 Internal bleaching-per tooth	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331	\$	331
D9975	D9975 Whitening Refillsx4	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60
D9975.	D9975. Whitening Refillsx2	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30	\$	30
D9976	D9976 Water Pik Cordless	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40
D9976.	D9976. Water Pik Ultra	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60
D9978	D9978 Peridex	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15
D9979	D9979 Prevident Rinse	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15	\$	15
D9980	D9980 Electric Toothbrush	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25	\$	25
D9981	D9981 Proxi-Tip Brush	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2
D9982	D9982 Proxi-Tip Refill	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8	\$	8
D9983	D9983 ProxaBrush	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2	\$	2
D9984	D9984 ProxaRefillBrush	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1	\$	1
D9985	D9985 Pocketcare Irrigator	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9	\$	9
D9986	D9986 Denture Toothbrush	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4	\$	4
D9987	D9987 Effergrip Paste	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10	\$	10
D9988	D9988 MI Paste	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22	\$	22
D9999.1	D9999.1 Rush	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60	\$	60
D9999.3	D9999.3 Broken Appt. Fee	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40	\$	40

## Clinic Fee Schedule

[illegible]

## Clinic Fee Schedule

[illegible]



**IRS** Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

Attachment(s) J

In reply refer to: 0248364799  
Apr. 08, 2011 LTR 4168C E0  
65-0474953 000000 00

00014621  
BODC: TE

RURAL HEALTH NETWORK OF MONROE  
COUNTY INC  
% JAMES K SIMON  
PO BOX 500370  
MARATHON FL 33050-0370

Employer Identification Number: 65-0474953  
Person to Contact: Mrs K. Hopton  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 30, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 1995.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248364799  
Apr. 08, 2011 LTR 4168C E0  
65-0474953 000000 00  
00014622

RURAL HEALTH NETWORK OF MONROE  
COUNTY INC  
% JAMES K SIMON  
PO BOX 500370  
MARATHON FL 33050-0370

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager  
Accounts Management Operations

**2010 / 2011  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2011**

RECEIPT# 46110-105808

Business Name: RURAL HEALTH NETWORK OF MONROE  
COUNTY FL INCOwner Name: SMITH DANIEL E CFO  
Mailing Address: P O BOX 500370  
MARATHON, FL 33050Business Location: 91555 OVERSEAS HWY STE #1  
TAVERVIER, FL 33070  
Business Phone: 305-735-4218  
Business Type: PROFESSIONALS (PROESSIONALS)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

STATE LICENSE: N93000005223

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 118-10-00000608 04/01/2011 0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED**Danise D. Henriquez, CFC, Tax Collector**  
**PO Box 1129, Key West, FL 33041**THIS IS ONLY A TAX.  
YOU MUST MEET ALL  
COUNTY AND/OR  
MUNICIPALITY PLANNING  
AND ZONING REQUIREMENTS.



**2010 / 2011  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2011**

Business Name: RURAL HEALTH NETWORK OF MONROE COUNTY FL INC  
 Owner Name: DANIEL E SMITH  
 Mailing Address: 1010 KENNEDY DR  
 Ste 307  
 KEY WEST, FL 33040

RECEIPT# 46110-99991  
 Business Location: 1010 KENNEDY DR  
 Ste 307  
 Business Phone: 305-292-6422  
 Business Type: PROFESSIONALS (NON PROFIT DENTAL CLINIC)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 123-09-00007425 07/20/2010 0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

**Danise D. Henriquez, CFC, Tax Collector**  
**PO Box 1129, Key West, FL 33041**

THIS IS ONLY A TAX.  
 YOU MUST MEET ALL  
 COUNTY AND/OR  
 MUNICIPALITY PLANNING  
 AND ZONING REQUIREMENTS.



**2010 / 2011**  
**MONROE COUNTY BUSINESS TAX RECEIPT**  
**EXPIRES SEPTEMBER 30, 2011**

Attachment(s) K

RECEIPT# 46110-74633

Business Name: RURAL HEALTH NETWORK OF MONROE  
COUNTY FL INC

Owner Name: SMITH DANIEL E CFO  
Mailing Address: P O BOX 500370  
MARATHON, FL 33050

Business Location: 2901-2 OVERSEAS HWY  
MARATHON, FL 33050  
Business Phone: 305-289-8915  
Business Type: PROFESSIONALS (PROF NON PROFIT HEALTH  
SVCS)

Rooms

Seats

Employees

Machines

Stalls

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 123-09-00007425 07/20/2010 0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

**Danise D. Henriquez, CFC, Tax Collector**  
**PO Box 1129, Key West, FL 33041**

THIS IS ONLY A TAX.  
YOU MUST MEET ALL  
COUNTY AND/OR  
MUNICIPALITY PLANNING  
AND ZONING REQUIREMENTS.

**2010 / 2011  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2011**

Attachment(s) K

RECEIPT# 46110-105809

Business Name: RURAL HEALTH NETWORK OF MONROE  
COUNTY FL INC

Owner Name: SMITH DANIEL E CFO  
Mailing Address: P O BOX 500370  
MARATHON, FL 33050

Business Location: 27225 OVERSEAS HWY  
RAMROD KEY, FL 33042  
Business Phone: 305-517-6613  
Business Type: PROFESSIONALS (PROFESSIONALS)

Rooms

Seats

Employees

Machines

Stalls

STATE LICENSE: N93000005223

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 118-10-00000608 04/01/2011 0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

**Danise D. Henriquez, CFC, Tax Collector**  
**PO Box 1129, Key West, FL 33041**

THIS IS ONLY A TAX.  
YOU MUST MEET ALL  
COUNTY AND/OR  
MUNICIPALITY PLANNING  
AND ZONING REQUIREMENTS.



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

Attachment(s) m

DR-14  
R. 04/05  
06/18/10

85-8012630001C-0	01/09/2007	01/31/2012	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

RURAL HEALTH NETWORK OF MONROE  
COUNTY FLORIDA INC  
27225 OVERSEAS HWY  
SUMMERLAND FL 33042

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

# *State of Florida*

## *Department of State*

Attachment(s) M

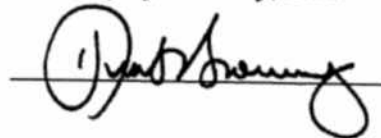
I certify from the records of this office that RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on November 12, 1993.

The document number of this corporation is N93000005223.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on January 13, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Fourteenth day of January, 2011*



*Secretary of State*



Authentication ID: 300191317693-011411-N93000005223

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



Florida Department of Agriculture & Consumer Services  
ADAM H. PUTNAM, Commissioner  
Tallahassee, Florida

January 11, 2011

Division of Consumer Services  
2005 Apalachee Pkwy  
Tallahassee FL 32399-6500  
Phone: 1-800-HELP-FLA  
URL: <http://www.800helpfla.com>

Refer To: CH10640

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.  
PO BOX 500370  
MARATHON, FL 33050-0370

RE: RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.  
REGISTRATION#: CH10640  
EXPIRATION DATE: January 27, 2012

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

*Karena Jackson*

Karena Jackson  
Regulatory Consultant  
850-410-3698  
Fax: 850-410-3804  
E-mail: [karena.jackson@freshfromflorida.com](mailto:karena.jackson@freshfromflorida.com)

Attachment(s) N

AC# 3753283

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/13/2010	ME 49975	307683

The **MEDICAL DOCTOR**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2012**

JEROME EDWARD COVINGTON

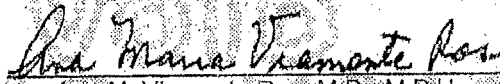
3134 NORTHSIDE DRIVE

KEY WEST, FL 33040

UNITED STATES

**QUALIFICATION(S):**

DISPENSING PRACTITIONER

Charlie Crist  
GOVERNORAna M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA AC# 4001546  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/22/2010	ARNP-1048002	1289969

The ADV REG NURSE PRACTITIONER  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: JULY 31, 2012

ELIZABETH ANNE KING

*Elizabeth A. King*  
LICENSEE SIGNATURE

Attachment(s) N


AC#

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/08/2009	DN 18861	69236

The DENTIST  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2012**  
ANNE ELIZABETH GREEN  
2700 SOUTHWEST ARCHER ROAD  
APT- C24  
GAINESVILLE, FL 32608

  
Charlie Crist  
GOVERNOR

  
Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

DIA REGISTRATION NUMBER FG1845316		THIS REGISTRATION EXPIRES 09-30-2012		FEE PAID	
SCHEDULES 2,2N, 3,3N,4,5		PRACTITIONER		ISSUE DATE 02-23-2010	
GREEN, ANNE, E. (DMD) 5168 EZELL ROAD GAINESVILLE, FL 32440-0000					

Sections 394 and 1008 (21 USC 824 and 859) of the Controlled  
Substances Act of 1970, as amended, provide that the Attorney  
General may revoke or suspend a registration to manufacture,  
distribute, dispense, import or export a controlled substance.  
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF  
OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,  
AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537



AC# 3800105

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

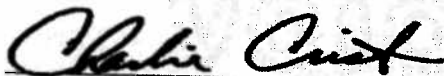
DATE	LICENSE NO.	CONTROL NO.
02/18/2010	DN 12249	75251

Attachment(s) N


The **DENTIST**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

CAROL C WEITH  
3109 W. SWANN AVE.  
TAMPA, FL 33609



Charlie Crist  
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Attachment(s) **N**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
<b>BW2302583</b>	<b>05-31-2011</b>	<b>Paid</b>

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
<b>2,2N,3 3N,4,5</b>	<b>PRACTITIONER</b>	<b>04-29-2008</b>

<b>WEITH, CAROL C DDS 3109 W. SWANN AVE. TAMPA, FL 33609</b>
--

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

AC#018769

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

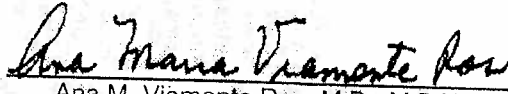
DATE	LICENSE NO.	CONTROL NO.
07/31/2010	DN 19181	80342

The **DENTIST**  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2012**

LEANNE KAY TINSLEY  
10692 SOUTH US HWY #1  
SUITE A  
PORT SAINT LUCIE, FL 34952



Charlie Crist  
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

TINSLEY, LEANNE K DMD  
10692 S US HIGHWAY 1 # A  
PORT ST LUCIE, FL 34952-6408-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT2299053	11-30-2013	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-22-2010

TINSLEY, LEANNE K DMD  
10692 S US HIGHWAY 1 # A  
PORT ST LUCIE, FL 34952-6408

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT2299053	11-30-2013	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-22-2010

TINSLEY, LEANNE K DMD  
10692 S US HIGHWAY 1 # A  
PORT ST LUCIE, FL 34952-6408

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

AC#3796301

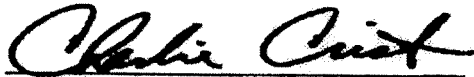
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/13/2010	HAD 10	27

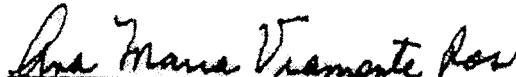
The **HEALTH ACCESS DENTIST**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

**CHRISTINE H TAGGART**  
1010 KENNEDY DRIVE, SUITE 307  
RURAL HEALTH NETWORK OF MONROE  
KEY WEST, FL 33040



Charlie Crist  
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 40755941

DATE	LICENSE NO.	CONTROL NO.
09/03/2010	DL 10280	8536

The DENTAL LABORATORY named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2012**

A R DENTAL LAB

LICENSEE SIGNATURE

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 40755941

DATE	LICENSE NO.	CONTROL NO.
09/03/2010	DL 10280	8536

The DENTAL LABORATORY named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2012**

A R DENTAL LAB  
ATTN: ALEX RODRIGUEZ  
3043 S.W. 206 ST.  
MIAMI, FL 33189

*Charlie Crist*  
Charlie Crist  
GOVERNOR

*Ana M. Viamonte Ros*  
Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/29/2010	DH 8084	64723

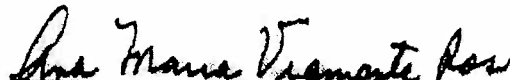
The DENTAL HYGIENIST  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

VALERIE ELLEN EIKENBERG  
701 SPANISH MAIN DRIVE #596  
CUDJOE KEY, FL 33042  
UNITED STATES



Charlie Crist  
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Operating Permit**

**For:** Biomedical Waste - Dentist

**Issued To:** Rural Health Network of Monroe County  
1010 Kennedy Dr  
307  
Key West, FL 33040

**Mailed To:** Rural Health Network of Monroe County  
1010 Kennedy Dr  
Ste 307  
Key West, FL 33040

**Audit Control:** 44-BID-1540751  
**Permit Number:** 44-64-90290  
**County:** Monroe  
**Issue Date:** 10/01/2010  
**Amount Paid:** 85.00  
**Date Paid:** 09/22/2010  
**Permit Expires On:** 09/30/2011

*Bobbi Skifter*  
**Issued By:** Monroe County Health Department  
1100 Simonton St  
Ofc 242  
Key West, FL 33040

Duplicate - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**Operating Permit**

**For:** Biomedical Waste - Dentist

**Issued To:** Rural Health Network of Monroe County  
1010 Kennedy Dr  
307  
Key West, FL 33040

**Mailed To:** Rural Health Network of Monroe County  
1010 Kennedy Dr  
Ste 307  
Key West, FL 33040

**Audit Control:** 44-BID-1540751  
**Permit Number:** 44-64-90290  
**County:** Monroe  
**Issue Date:** 10/01/2010  
**Amount Paid:** 85.00  
**Date Paid:** 09/22/2010  
**Permit Expires On:** 09/30/2011

*Bobbi Skifter*  
**Issued By:** Monroe County Health Department  
1100 Simonton St  
Ofc 242  
Key West, FL 33040

FILE - COPY (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



FLORIDA STATE BOARD OF DENTISTRY

**Non-Profit Corporation Permit**

Pursuant to the authority vested in the Florida State Board of Dentistry by Chapter 466.025, Florida Statutes.

**This Certifies That**

RURAL HEALTH NETWORK OF MONROE COUNTY FLORIDA

is hereby granted a permit to operate a dental clinic at:

91555 Overseas Hwy, Ste. #1  
Tavernier, FL 33070

For a period of one year commencing this date. This is issued subject to the provisions of Chapter 466, Florida Statutes, to all rules and regulations of the Florida State Board of Dentistry which are now or may be in effect; and to the conditions stated in this permit. This permit may be revoked at any time for any reason which the Board may deem justifiable.

WITNESS MY HAND AND THE SEAL of the Florida State Board of Dentistry.

September 8, 2010

*Date*



FLORIDA STATE BOARD OF DENTISTRY

*[Handwritten Signature]*  
*Authorized Signature*

FLORIDA STATE BOARD OF DENTISTRY

**Non-Profit Corporation Permit**

Pursuant to the authority vested in the Florida State Board of Dentistry by Chapter 466.025, Florida Statutes.

**This Certifies That**

RURAL HEALTH NETWORK OF MONROE COUNTY FLORIDA

is hereby granted a permit to operate a dental clinic at:

1010 Kennedy Drive, Ste. 307  
Key West, Florida 33040

For a period of one year commencing this date. This is issued subject to the provisions of Chapter 466, Florida Statutes, to all rules and regulations of the Florida State Board of Dentistry which are now or may be in effect; and to the conditions stated in this permit. This permit may be revoked at any time for any reason which the Board may deem justifiable.

WITNESS MY HAND AND THE SEAL of the Florida State Board of Dentistry.

September 8, 2010

*Date*



FLORIDA STATE BOARD OF DENTISTRY

*[Handwritten Signature]*  
*Authorized Signature*

FLORIDA STATE BOARD OF DENTISTRY

**Non-Profit Corporation Permit**

Pursuant to the authority vested in the Florida State Board of Dentistry by Chapter 466.025, Florida Statutes.

**This Certifies That**

RURAL HEALTH NETWORK OF MONROE COUNTY

is hereby granted a permit to operate a dental clinic at:

2901 #1 & 2 Overseas Highway  
Marathon, FL 33050

For a period of one year commencing this date. This is issued subject to the provisions of Chapter 466, Florida Statutes, to all rules and regulations of the Florida State Board of Dentistry which are now or may be in effect; and to the conditions stated in this permit. This permit may be revoked at any time for any reason which the Board may deem justifiable.

WITNESS MY HAND AND THE SEAL of the Florida State Board of Dentistry.

November 5, 2010

*Date*



FLORIDA STATE BOARD OF DENTISTRY

*[Handwritten Signature]*

*Authorized Signature*

THE REGISTRATION BELOW AUTHORIZES THIS FACILITY TO POSSESS AND/OR OPERATE THE INDICATED NUMBER OF MACHINES DURING THE TIME FRAME SPECIFIED. REGISTRATIONS EXPIRE ON OCTOBER 28 OF EACH YEAR. RENEWAL FEES MUST BE PAID PRIOR TO THIS DATE TO ALLOW YOU TO RECEIVE AND POST A VALID CERTIFICATE FOR THE COMING REGISTRATION PERIOD. RENEWAL NOTICES ARE SENT PRIOR TO THIS DATE. IF YOU DO NOT RECEIVE YOUR RENEWAL NOTICE IT IS STILL YOUR RESPONSIBILITY TO ENSURE THE FEES ARE PAID IN A TIMELY FASHION. YOU CAN CONTACT THE BUREAU AT THE ADDRESS ON THE REGISTRATION OR CALL (904) 278-5730.

ATTN DANIEL SMITH  
RURAL HEALTH NETWORK OF MONROE CNTY FLA  
1010 KENNEDY DR STE 307  
KEY WEST, FL 33040-4134

**IMPORTANT NOTICE:** CHANGES TO YOUR REGISTRATION MUST BE REPORTED WITHIN 30 DAYS USING FORM DH 1107. CHANGES INCLUDE BUT ARE NOT LIMITED TO REGISTRATION NAME, ADDRESS, REMOVAL OR ACQUISITION OF MACHINES, AND THE LIKE.

Fold here

DISPLAY THE REGISTRATION BELOW IN A LOCATION READILY VIEWABLE BY THE PUBLIC

Fold here

STATE OF FLORIDA

DEPARTMENT OF HEALTH  
DENTAL FACILITY

BUREAU OF RADIATION CONTROL

**RADIATION MACHINE REGISTRATION**

THE REGISTRANT NAMED BELOW IS AUTHORIZED TO POSSESS 2 RADIATION MACHINES DURING THE TIME INDICATED. POSSESSION OF UNREGISTERED MACHINES OR USE OF MACHINES WITH AN EXPIRED REGISTRATION IS A VIOLATION OF 64E-5.511, FLORIDA ADMINISTRATIVE CODE AND PUNISHABLE UNDER THE PROVISIONS OF CHAPTER 404, FLORIDA STATUTES.

REGISTRATION NO.	INITIAL DATE	EXPIRATION DATE	BATCH NO.	RECEIPT NO.	AMOUNT
JR 42105000	10/06/2010	10/28/2011	11065	1129188	\$42.00

RURAL HEALTH NETWORK OF MONROE CNTY FLA  
1010 KENNEDY DR STE 307  
KEY WEST, FL 33040-4134

368344

FOR QUESTIONS CONTACT: RADIATION MACHINE PROGRAM, 705 WELLS RD STE 300, ORANGE PARK, FL 32073

THE REGISTRATION BELOW AUTHORIZES THIS FACILITY TO POSSESS AND/OR OPERATE THE INDICATED NUMBER OF MACHINES DURING THE TIME FRAME SPECIFIED. REGISTRATIONS EXPIRE ON OCTOBER 28 OF EACH YEAR. RENEWAL FEES MUST BE PAID PRIOR TO THIS DATE TO ALLOW YOU TO RECEIVE AND POST A VALID CERTIFICATE FOR THE COMING REGISTRATION PERIOD. RENEWAL NOTICES ARE SENT PRIOR TO THIS DATE. IF YOU DO NOT RECEIVE YOUR RENEWAL NOTICE IT IS STILL YOUR RESPONSIBILITY TO ENSURE THE FEES ARE PAID IN A TIMELY FASHION. YOU CAN CONTACT THE BUREAU AT THE ADDRESS ON THE REGISTRION OR CALL (904) 278-5730.

RURAL HEALTH NETWORK OF MONROE CO  
2901 OVERSEAS HWY  
MARATHON, FL 33050

**IMPORTANT NOTICE:** CHANGES TO YOUR REGISTRATION MUST BE REPORTED WITHIN 30 DAYS USING FORM DH 1107. CHANGES INCLUDE BUT ARE NOT LIMITED TO REGISTRATION NAME, ADDRESS, REMOVAL OR ACQUISITION OF MACHINES, AND THE LIKE.

.....☒ Fold here

DISPLAY THE REGISTRATION BELOW IN A LOCATION READILY VIEWABLE BY THE PUBLIC

Fold here ☒

STATE OF FLORIDA

DEPARTMENT OF HEALTH  
DENTAL FACILITY

BUREAU OF RADIATION CONTROL

**RADIATION MACHINE REGISTRATION**

THE REGISTRANT NAMED BELOW IS AUTHORIZED TO POSSESS 2 RADIATION MACHINES DURING THE TIME INDICATED. POSSESSION OF UNREGISTERED MACHINES OR USE OF MACHINES WITH AN EXPIRED REGISTRATION IS A VIOLATION OF 64E-5.511, FLORIDA ADMINISTRATIVE CODE AND PUNISHABLE UNDER THE PROVISIONS OF CHAPTER 404, FLORIDA STATUTES.

REGISTRATION NO.	INITIAL DATE	EXPIRATION DATE	BATCH NO.	RECEIPT NO.	AMOUNT
JR 38341000	10/06/2010	10/28/2011	11065	1129189	\$42.00

RURAL HEALTH NETWORK OF MONROE CO  
2901 OVERSEAS HWY  
MARATHON, FL 33050

FOR QUESTIONS CONTACT: RADIATION MACHINE PROGRAM, 705 WELLS RD STE 300, ORANGE PARK, FL 32073

368374

THE REGISTRATION BELOW AUTHORIZES THIS FACILITY TO POSSESS AND/OR OPERATE THE INDICATED NUMBER OF MACHINES DURING THE TIME FRAME SPECIFIED. REGISTRATIONS EXPIRE ON OCTOBER 28 OF EACH YEAR. RENEWAL FEES MUST BE PAID PRIOR TO THIS DATE TO ALLOW YOU TO RECEIVE AND POST A VALID CERTIFICATE FOR THE COMING REGISTRATION PERIOD. RENEWAL NOTICES ARE SENT PRIOR TO THIS DATE. IF YOU DO NOT RECEIVE YOUR RENEWAL NOTICE IT IS STILL YOUR RESPONSIBILITY TO ENSURE THE FEES ARE PAID IN A TIMELY FASHION. YOU CAN CONTACT THE BUREAU AT THE ADDRESS ON THE REGISTRION OR CALL (904) 278-5730.

ATTN DANIEL E SMITH  
RURAL HEALTH NETWORK OF MONROE CO FL INC  
PO BOX 500370  
MARATHON, FL 33050

**IMPORTANT NOTICE:** CHANGES TO YOUR REGISTRATION MUST BE REPORTED WITHIN 30 DAYS USING FORM DH 1107. CHANGES INCLUDE BUT ARE NOT LIMITED TO REGISTRATION NAME, ADDRESS, REMOVAL OR ACQUISITION OF MACHINES, AND THE LIKE.

Fold here

Fold here

DISPLAY THE REGISTRATION BELOW IN A LOCATION READILY VIEWABLE BY THE PUBLIC

STATE OF FLORIDA

DEPARTMENT OF HEALTH  
DENTAL FACILITY

BUREAU OF RADIATION CONTROL

**RADIATION MACHINE REGISTRATION**

THE REGISTRANT NAMED BELOW IS AUTHORIZED TO POSSESS 1 RADIATION MACHINES DURING THE TIME INDICATED. POSSESSION OF UNREGISTERED MACHINES OR USE OF MACHINES WITH AN EXPIRED REGISTRATION IS A VIOLATION OF 64E-5.511, FLORIDA ADMINISTRATIVE CODE AND PUNISHABLE UNDER THE PROVISIONS OF CHAPTER 404, FLORIDA STATUTES.

REGISTRATION NO.	INITIAL DATE	EXPIRATION DATE	BATCH NO.	RECEIPT NO.	AMOUNT
JR 45669000	09/23/2010	10/28/2011	11023	1123703	\$31.00

RURAL HEALTH NETWORK OF MONROE CO FL INC  
91555 OVERSEAS HWY STE 1  
TAVERNIER, FL 33070

370324

FOR QUESTIONS CONTACT: RADIATION MACHINE PROGRAM, 705 WELLS RD STE 300, ORANGE PARK, FL 32073

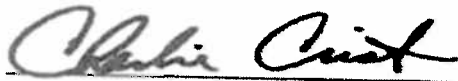
AC# 3814469

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/27/2010	DH 20237	70045

The **DENTAL HYGIENIST**  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2012**

JANA ALVAREZ  
2758 NORTH ROOSEVELT BLVD  
KEY WEST, FL 33040  
UNITED STATES



Charlie Crist  
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

Rural Health Network of Monroe Co., FL, Inc.  
Policies & Procedures Manual

Personnel Policy (Per) 2.01. EQUAL EMPLOYMENT AND EQUAL SERVICES OBJECTIVES. It is the policy of RHNMC to provide equal opportunity in all phases of its program and activities to all people, without regard to race, religion, gender, familial status, age, national origin, disability, or sexual orientation or sexual preference. The personnel policies and practices of RHNMC will be reviewed and approved annually by the Governing Board of Directors and/or the Executive Committee.

Purpose: To provide uniformity in those matters which affect the Network's personnel.

Procedure: The equal employment/equal opportunity concept will apply to all employment practices, such as recruitment, selection, transfers, promotions, training, compensation, benefits and terminations.

Rural Health Network of Monroe Co., FL, Inc.  
Policies & Procedures Manual

Per 2.01.1 QUALITY RECRUITMENT AND RETENTION. It is the policy of RHNMC to attract the best people for the organization regardless of age, gender, color, race, religion, national origin, familial status, sexual orientation or preference, or disability.

Purpose: Retention of best qualified personnel regardless of age, gender, color, race, religion, national origin, familial status, sexual orientation or preference, or disability.

Procedure: To implement this policy, RHNMC has established written policies and procedures to provide an operating framework within which to ensure an equitable, efficient, and effective working environment.

Rural Health Network of Monroe Co., FL, Inc.  
Policies & Procedures Manual

Per 2.01.2 RECRUITMENT AND APPOINTMENT. (Purpose and Policy) It is the policy of RHNMC to recruit, hire, train, and promote the best qualified person(s) without regard to age, gender, color, race, religion, national origin, familial status, sexual orientation or preference, or disability, or any other discriminatory factor.

Procedure:

- The recruitment process will be conducted so as to ensure, to the extent practical, that persons from all sectors of the community are aware of available positions.
- RHNMC will establish and maintain a system for receiving and investigating complaints from employees and other interested parties related to alleged discriminatory practices.
- In implementing its commitment to equal employment opportunity, the Network will make reasonable accommodations for applicants and employees with known disabilities who can perform the essential functions of the job with or without such accommodations. Therefore, applicants and employees requiring any reasonable accommodations should notify the Executive Director.





Attachment(s) P

Rick Scott  
Governor

Shairi R. Turner, M.D., M.P.H.  
Acting State Surgeon General

March 31, 2011

Dan Smith, Ph.D.  
Chief Executive Officer  
Rural Health Network of Monroe County  
237 East Cahill Court  
Big Pine Key, FL 33043

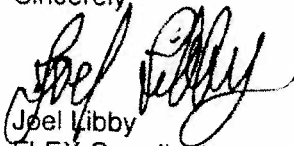
Dear Dr. Smith:

This is to provide information about the status of the contract between the Department of Health, Florida Office of Rural Health, and the Rural Health Network of Monroe County (RHNMC).

Review of the current file found that the RHNMC is in substantial compliance with the terms of the contract. All invoices and required deliverables have been submitted in a timely manner. The invoices and deliverables were completed properly and provided documentation of the information required by Attachment 1 of the contract.

Please call me at 850-245-4444 x2706 if you have any questions.

Sincerely

  
Joel Libby  
FLEX Coordinator  
Office of Rural Health

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
CONTRACT RENEWAL # 1  
ORIGINAL CONTRACT # CORCM

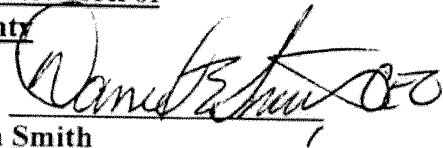
**THIS RENEWAL** is entered into between the State of Florida, Department of Health, hereinafter referred to as the "department" and Rural Health Network of Monroe County, hereinafter referred to as the "provider".

As stated on page 9 Attachment I, paragraph D.1., of Contract # CORCM, the department is exercising its option to renew this contract if mutually agreed to by both parties beginning on July 1, 2010 and ending on June 30, 2011 in an amount not to exceed \$63,555.00 as stated in the original contract.

All terms and conditions of said original Contract and any supplements and amendments thereto shall remain in force and effect for this renewal.

**IN WITNESS WHEREOF**, the parties have executed this Renewal by their undersigned officials as duly authorized.

**PROVIDER:**  
Rural Health Network of  
Monroe County

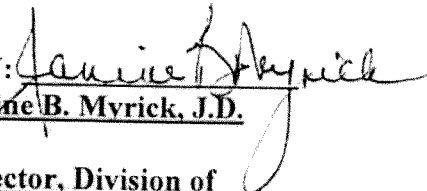
SIGNED BY:   
NAME: Dan Smith

TITLE: Executive Director

DATE: 4-6-2010

FEDERAL ID NUMBER: 650474953

**STATE OF FLORIDA:**  
Department of Health

SIGNED BY:   
NAME: Janine B. Myrick, J.D.

TITLE: Director, Division of  
Health Access and Tobacco

DATE: 4/13/10



Attachment(s) 1

Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

April 4, 2011

Mr. Daniel Smith  
Rural Health Network of Monroe County FL  
P.O. Box 500370  
Marathon, Florida 33050

**Re: Contract Monitoring MRN06 – Oral Health Services 2010 - 2011**

Dear Dan:

I would like to thank you and your staff for your assistance during our Oral Health Services monitoring visit on March 25, 2011. Attached is a copy of the monitoring report that summarizes the findings and a copy of the monitoring tool.

The purpose of programmatic monitoring is to assist RHN in complying with contract terms while providing oral health services to eligible clients. My job as the contract manager is to ensure that DOH funds are administered appropriately by the provider.

If you have any questions, please feel free to contact me at 305-809-5616 or by email at [aundria\\_vanbourgondien@doh.state.fl.us](mailto:aundria_vanbourgondien@doh.state.fl.us).

Sincerely,

A handwritten signature in cursive script that reads "Bunny VanB".

Bunny VanBourgonien  
Contract Manager  
Monroe County Health Department

Enclosures: Programmatic Monitoring Narrative Report  
Contract Monitoring Tool

## Programmatic Contract Monitoring Narrative Report

**Contract #:** MRN06 Oral Health Services 2010 - 2011

**Location of Monitoring:** Rural Health Network of Monroe County FL  
Kennedy Drive  
Key West, Florida 33040

**Date of Monitoring:** March 25, 2011

**Persons in Attendance:** Bunny VanBourgondien, Contract Manager  
Michael Hodge,  
Susanna Carrick, COO

### General:

The monitoring began at 10:00 am with all above referenced staff participating. Interview, observation and review of documentation were the primary modes of information gathering for this monitoring. After carefully reviewing requested documentation, we held our exit interview with Susanna and concluded the monitoring.

### Findings:

- All documentation requested was made available for our review with the exception of two dentist licenses. Copies of both licenses were provided by the next business day.
- A tour of the dental facility was provided. All equipment and work stations appeared to be sanitary and in good working order.

### Recommendations:

None

### Corrective Action:

None

### Accommodation:

None

### Contract Monitoring Tool

Provider Name <b>Rural Health Network</b> City <b>Key West</b>	Evaluator's Name <b>Bunny VanBourgonien, Michael Hodge</b>
Contract # <b>MRN06</b> DMS Service Code	Office <b>MCHD</b>
Service Description <b>Oral Health Care Services</b>	Site Visit Date <b>March 25, 2011</b>
Tgt. Grp. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Report Date

Provider Contract Requirements	Rating					Ratings Based Upon:  I = Interview O = Observation D = Documentation (List Who and What)	Notes  (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		
A.3. Clients to be Served							
a. Services are provided to eligible clients as per the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D	
b. Provider complied with eligibility criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. Provider complied with established client units.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D	
B.1. Service Tasks							
a. Service tasks are delivered on time and as defined in the contract task list and limits. (List and rate each service task from Attachment I, Paragraph B.1.a.) Provision of Oral Health Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O, D	
B.2. Staffing Requirements							
a. Provider staffing levels are maintained as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D, I	
b. Provider maintains qualified professionals as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D, I	
c. Provider handles staffing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D, I	

### Contract Monitoring Tool

Provider Contract Requirements	Rating					Ratings Based Upon:  I = Interview O = Observation D = Documentation (List Who and What)	Notes  (Explain Ratings 2 or Less: Attach Supportive Documentation)		
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable				
	Unacceptable	Conditionally Acceptable							
	1	2	3	4	N/A				
as per contract.									
d. Provider complied with the subcontractor provisions in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>B.3. Service Location and Equipment</b>									
a. Services are provided at the locations specified and facility requirements have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D			
b. Service times meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D			
c. Changes in location are appropriately handled as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D			
d. Provider equipment is available, safe, in good working order, and meets contract requirements (including procurement, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O			
<b>B.4. Deliverables</b>									
a. Service units are provided as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			
b. Required reports are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			
c. Provider records and documentation are available, accurate and complete as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O, D			
<b>B.5. Performance Specifications</b>									
a. Provider is meeting (or has met) the									

### Contract Monitoring Tool

Provider Contract Requirements	Rating					Ratings Based Upon:  I = Interview O = Observation D = Documentation (List Who and What)	Notes  (Explain Ratings 2 or Less: Attach Supportive Documentation)		
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable				
	Unacceptable	Conditionally Acceptable							
	1	2	3	4	N/A				
performance standards as defined by the contract (list and rate each outcome/output from Attachment I, paragraph B.5.a.  <b>A satisfactory or better rating on at least 95% of all client satisfaction surveys will be achieved.</b> <b>100% of all new clients referred will receive a comprehensive oral health care evaluation and treatment plan.</b>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	<input type="checkbox"/>   <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/>   	<input checked="" type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   	I, D, O  D, O	@ 98%		
<b>B.6. Provider Responsibilities</b>									
a. Provider is performing provider unique activities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			
b. Provider coordinates services integration both internally and externally with other entities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			
<b>C. Method of Payment</b>									
a. Invoices are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D, O			
b. Service delivery supporting documentation has been maintained and/or submitted as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D, O			

### Contract Monitoring Tool

Provider Contract Requirements	Rating					Ratings Based Upon:  I = Interview O = Observation D = Documentation (List Who and What)	Notes  (Explain Ratings 2 or Less: Attach Supportive Documentation)		
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable				
	Unacceptable	Conditionally Acceptable							
	1	2	3	4	N/A				
<b>D. Special Provisions</b> a. Provider has complied with special provisions as defined by the contract (list and rate each special provision where requirements were not fully met)									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Future Contract Actions (Lessons Learned)</b>									

Availability - fwd url  
Wages - Sheila

www.availity.com



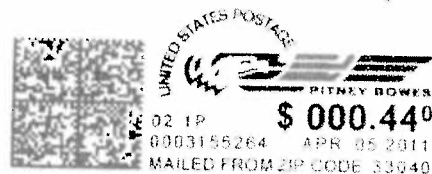
Bunny VanB

RETURN IN 5 DAYS TO:

MONROE COUNTY HEALTH DEPARTMENT

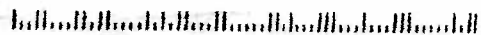
P.O. BOX 6193

KEY WEST, FL 33041-6193



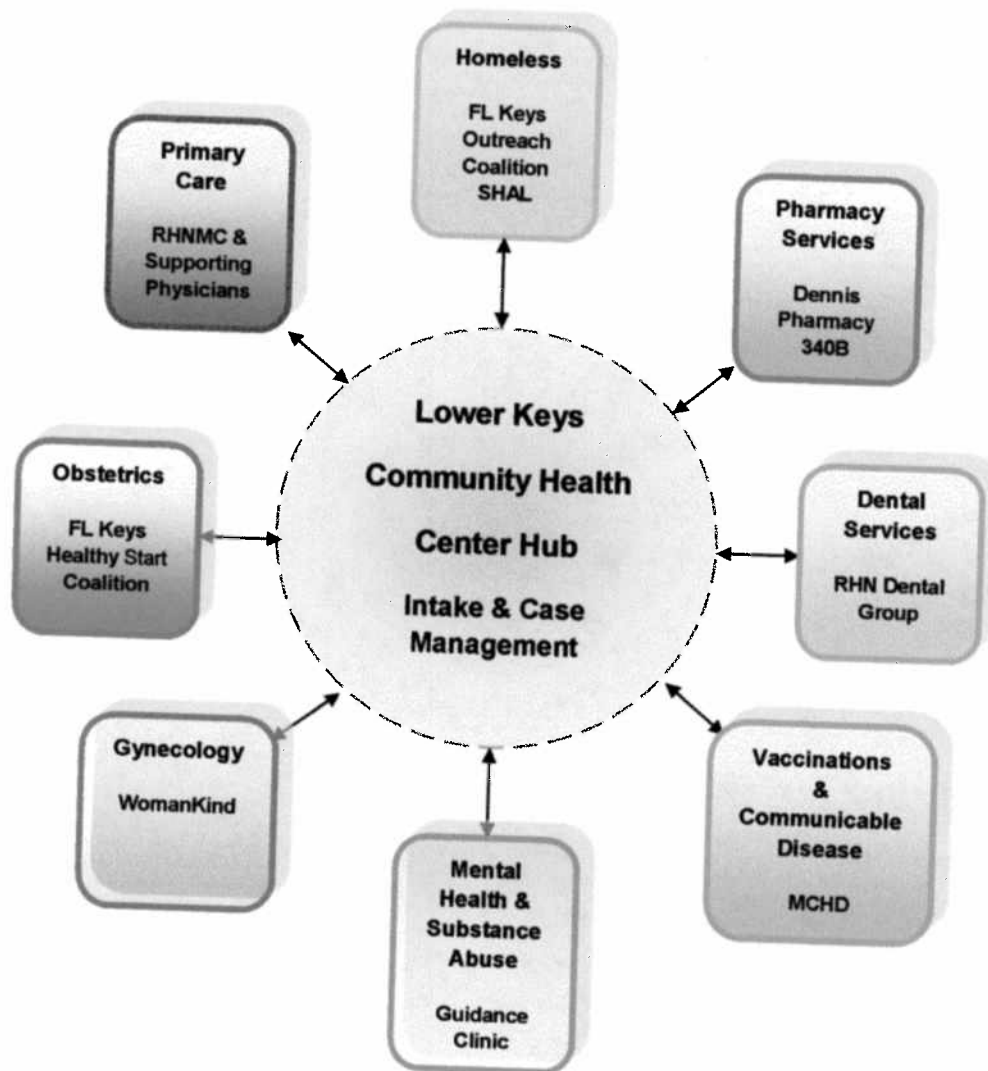
Dan Smith  
Rural Health Network  
PO Box 500370  
Marathon FL 33050

3305030370



# LKCHC<sup>1</sup> Patient Assessment and Entry Point

## The HUB With EHR/EMR Systems



*Initially seen by a Partner Representative or HUB staff, the patient will be assessed and entered into the EHR/EMR system. Initial screening, assessment and treatment allows the patient to be assessed and referred by a physician, nurse practitioner or physician assistant to one or more of the LKCHC partners for ongoing treatment and management.*

<sup>1</sup> Lower Keys Community Health Center